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C. GOLDEN SEP 25 2020

COVER LETTER

FO: Registration Sec Division of Corp			
SUBJECT:	RarhiteT)in/	
50barca	Name of Limit	ted Liability Company	
		·	
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Latas	ha Harris Name of Person	
		Firm/Company	<u> </u>
	3801 Mi	SSION Trace P	olva DI
	Tallah	City/State and Zip Code	303
	Q+C(Sh C) E-mail address: (0	harris 12 G 44 to be used for future unhual report notifi	hos. Um
For further information c	oncerning this matter, please co	ıll:	
Letash a Name o	H Cyr is	at (355) 5107 - Area Code Daytime	DV 410 Telephone Number
Enclosed is a check for the	he following amount:		
X \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited)	iability Company as it now appears on our records.) forida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number L2000 2813 f	ity Company were filed on C 09 20 20 and assigned
This amendment is submitted to amend the followi	pg:
A. If amonding name, enter the new name of the Orbit CEDIOY BOULT. The new name must be distinguishable and contain the words.	limited liability company here: Culture Liability Company," the designation "L.E.C" or the abbreviation "L.E.C."
Enter new principal offices address, if applicabl	
(Principal office address MUST BE A STREET)	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	X)
B. If amending the registered agent and/or registered office address h	stered office address on our records, <u>enter the name of the new registered</u> ere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			□Change
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Agree ~		
Signature of a member or authorized representative of a member	ited	09/09/2020
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Filing Fee: \$25.00