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(Requestor's Name) (Address) (Address)	800354600238
(City/State/Zip/Phone #)	11/13/2001012006 ** 25.00
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Office Use Only	

LA-12/17/20

TO: Registration Section Division of Corporations

Joseph Kussell Patterson Name of Limited Liability Company SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph R. Patterson, Jr Firm/Company 4425 Anvers Blud Address Jacksonville, FL 32210 City/State and Zip Code DOC & SV FYEALTYFL. COM E-mail address: (10 be used for future annual report notification)

For further information concerning this matter, please call:

Joseph R Patterson, Jr at (904) 710-6167 Area Code Davime Telephone Number

Enclosed is a check for the following amount:

S25,00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TC)
ARTICLES OF O	RGANIZATION
OI	2
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	<u>ell Patterson, LLC</u> <u>v as it now appears on our records.</u>) ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on Sept 15, 2020 and assigned
Florida document number 120000289266	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>S</u>
(Principal office address MUST BE A STREET ADDRESS)	
	$\overline{\omega}$
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
(Multing undress MATEL ATOSTOTTICE DOA)	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new regi</u> :

Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida street ad	Idress
		. 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 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 i 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. or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Act
MGR	Joseph R Patterson, JR	4425 Anvers Blud Jucksonville, FL 32210	i X Add
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D.	If amending any	other information.	enter change(s) here:	(Attach additional sheets.	if necessary.)
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E. Effective date, if other than the date of filing: ______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 10 2020.
Signature of a member or authorized representative of a member
Loseon P. Patterson Ir
Typed or printed name of signee