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(R	equestor's Name)	
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(D	ocument Number))
Certified Copies	Certificate:	s of Status
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COVER LETTER

TO:	Registration Section Division of Corporations
SUB.	Name of Limited Liability Company
The e	nclosed Articles of Amendment and fee(s) are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
	Stephen Butter Tr Name of Person
	Firm/Company
	175.5 215-1 5-18-0-1-
	Saras la, Fl 34234 City/State and Zip Code
	E-shall address: (to be used for future annual report notification)
For fu	orther information concerning this matter, please call:
	Name of Person at (94) 402 · 5/3'4/ Area Code Daytime Telephone Number
Enclo	sed is a check for the following amount:
□ \$	25.00 Filing Fee Certificate of Status Certificate of Status

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

389 Shines LL (
	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number <u>L20000 3941 (a)</u>	ity Company were filed on September 18, 2020 and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	
The new name must be distinguishable and contain the words	LL ("Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>
B. If amending the registered agent and/or regis	tered office address on our records, <u>enter the name of the new registere</u> :
agent and/or the new registered office address ho	<u>ere</u> :
	고 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
Name of New Registered Agent:	
Maria Danistana d (1985 a. Addiser-	0 8
New Registered Office Address:	Enter Florida street address
	Florida
-	, Florida

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>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□ Remove
			□Change
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Note:	ive date, if other than the date of filing:
recond is fil	d 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
ated	03,9 2021
	Super Fr
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00