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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	yman Talco Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Cayman	Talcott Name of Person	
	Cayman	Talcott UC Firm/Company	
	4623 NW	53 AVE Sui-	e 9
	Gainesville,	FL 32653 City/State and Zip Code	·
	Cayman tru E-mail address: (cotta anail. Com to be used for fujure annual report notifi	cation)
For further information co	oncerning this matter, please co	all:	
Cayman Tal Name of	Person	at (352) 301 - Area Code Daytime	2664 Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy)
			APR -6
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of Tallahassee, FL	tion porations allahassee Street, Suite 810

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Caymun Talcott LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{9/21/2020}{}$ and assigned
Florida document number <u>L 2000 0 29 5 7 4 8</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "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 ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new register
agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida,
City Zip Code 1
New Registered Agent's Signature, if changing Registered Agent:
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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
AMBR	Helen Whitcomb	16204 NW 78th Ave Alachun, FL 32615	NAdd
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Effective date, if other fan effective date is listed,	the date must be specifi	c and cannot be prior to	date of filing or more	than 90 days after fil	ing.) Pursuant to 605:0
Note: If the date inserte document's effective date	ed in this block does r	not meet the applical	ole statutory filing re	equirements, this d	ate willing be listed
document's effective da	te on the Department	of State 3 records.		•	APR
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