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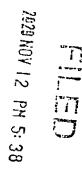
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DEC 1 7 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	,	
SUBJECT: 1 A-W-HOMAN Name of Li	AMC Liability Company	<u> </u>
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.	
Please return all correspondence concerning this matte		
Antho	Name of Person And And And And And And And A	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
5988	Firm/Company Address	Dr 4-386
Drand Holywaniadress	City/State and Zip Code	Ay@Gmail.co
For further information concerning this matter, please	call:	
Anthonus Terry Name of Person	at (<u>USH</u>) <u>SUH</u> Area Code Daytime	-GGT6
Enclosed is a check for the following amount:		
☐ \$25.00 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)
Mailing Address: Registration Section	Street Address: Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000304</u> .	were filed on 105 00 and assigned
This amendment is submitted to amend the following:	ω
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5958 Bent Pine Price 4-38
(Principal office address MUST BE A STREET ADDRESS)	orlando F1.32822
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 720823 or lando F1.328 120823
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: 5988	ny J Teny Bent Rive Dr 4-386
ò(\a.	Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

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
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			🗆 Change
MGR	Anthony Tury	5988 Bent Pine Dr4- orlando El 132522	38(412) Xdd
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			Channe

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te: If	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed effective date on the Department of State's records.
ecord s	eifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
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	Signature of a monther or authorized representative of a member
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