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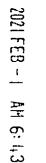
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: <u>Chils</u>	Ty Lewis Ll Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tyree Le	WIS	
		Name of Person US Eirm/Company	
	8761 Fores	it Hills Blvc	}
	Coral SP	<u> </u>	3065
	- · · · - ·	City/State and Zip Code City/State and Zip Code	fication)
For further information c	oncerning this matter, please co	all:	
Tyree 1	lwis	at (186), 512-	-2989
J Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

		2021 FEB - 1 AM 6:4	
	ability Company as it now a orida Limited Liability Comp		J
The Articles of Organization for this Limited Liabili Florida document number <u>20003220</u>	ity Company were filed o	m <u>OC+-12, 3</u>	20 and assigned
This amendment is submitted to amend the followin	ā:		
A. If amending name, enter the new name of the	limited liability compa	ny 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 addr <u>ess</u> MUST BE A STREET AI	DDRESS)		
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
		····	
. B. If amending the registered agent and/or regist agent and/or the new registered office address he		our records, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enta	er Florida street address	
		. Florida	
_	City	, Fiorida _	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 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 8701 Forest 1+115 1291 FEB-1 AM 6:43 Title Name Christing Stwarf _____ Change ______ Remove - □ Change _____ 🗀 Add ______ □Remove ____ □Remove ____ □Remove _____ Change _____ Remove ____ □Change

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