## K2C CCC 329 158

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	)
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

A RIVERS **JAN 2 1** 



100379252021

01/10/22--01017--028 \*\*80.00

61:01HW 01 NYF2:02

## **COVER LETTER**

Division of Cor	poranous		
SUBJECT: 23	111 116	ited Liability Company	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CAROLINE C	CREMF Name of Person	
		Name of Person	
	2122 66	Firm/Company	
		Firm/Company	
	2222 TRAF	PP AVE. Address	
		Address	
	Minni FL	3313 3 City/State and Zip Code	
	Caroline & c	re-fs. or s to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please co		
		70/ / / 2	· •
Name o	f Person	at ( <u>786</u> ) <u>644</u> 8 Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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 is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Registration Section** 

TO:

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

( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{11/02/2020}{}$ and assigned
Florida document number <u>L x 0000 324 133</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."  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)  2232 TRAPP AVE  MIGH: FL 33/33  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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:	2292 18 66
(Mailing address MAY BE A POST OFFICE BOX)	2212 TRAPP AVE
	MIAMI FL 33133
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, enter the name of the new registered
New Registered Office Address:	
	Enter-Florida street address
	. Florida
No. 10 minuted Appears of the project and Appears	City Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familian with and provided for in Chapter 605, F.S. Or, if this document is
If Chan	gian Basistand Anna Signature of You Basistand Agant

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

Title	<u>Name</u>	Address	Type of Action
A-MBR	CAROLINE CREYF	2222 TEAPP AVE	bbA&i
Ahbr		MIANI FL 33133	Remove
			□Change
			□ Add
	,	/	/ □Remove
	, '		□Change
			□Add
			□Remove
			□Change
		<u></u>	□Add
			□Remove
			□ Change
			□Add
		<del></del>	□Remove
			□Change
	<b>16.</b> F <b>36.</b>		□Add
			□Remove
			□ Change

•	
•	
,	
,	
Effect	ive date, if other than the date of filing: (optional)
Note:	fective 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 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docun	nent's effective date on the Department of State's records.
e reco rd is fi	rd 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
10 15 11	Λ
Darrad	2 / C/h
Dated	January 6th do22 /
	Signature of a member or authorized representative/of a member