(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP . WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Will vait
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COVER LETTER

TO: Registration Se Division of Cor			
ounieze Czz-	Commedia		
SORTECT: - ccc	C.STC-> S Name of Lim	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:	
	Craig Mai	Kg/3r / Name of Person	
		Firm/Company	
		• •	~)
	196 Branco Dr	2-1/2 Society Ft	<u> </u>
		City/State and Zip Code	
	E-mail address: (1A1L. Com to be used for future annual report noti	ification)
For further information c	oncerning this matter, please c		
Nama o	f Person	at ()	ne Telephone Number
Name o	r r cison	74 Code 17ayun	e recomme vanner
Enclosed is a check for the	ne following amount:		
X \$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 Addres		Street Address:	
Registration 9 Division of C		Registration Se Division of Cor	
P.O. Box 632	.7	The Centre of T	Tallahassee
Tallahassee. 1	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(pot (ustance 110

the area of the Limited Liability	Company as it now appears on our re	Peards)
(A Florida I.	Company as it now appears on our re- limited Liability Company)	extra Maci
The Articles of Organization for this Limited Liability Col Florida document number L2000032967		, ධරාවර and assigned
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	ESS)	
		150 150 150
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		10
3. If amending the registered agent and/or registered (cc 11	
s. It amending the registered agent and/or registered of gent and/or the new registered office address here:	omce address on our records, <u>er</u>	nter the name of the new regis
		,
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ddress
		, Florida
	City	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 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	Name Craig S Markgraffir	Address 196 Brunco Dr Zolfo Springs FL 33890	Type of Action
MGR		Zolfo Springs FL 33890	Add Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
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record specifies is filed.	a delayed effe	etive date, but	not an effe	ctive time,	at 12:01 a.	m. on the e	arlier of: (b) The 90	h day after	the
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