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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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> 2020 DEC 14 AM 7: 52 SECRETARY OF STATE

12/14



COVER LETTER

TO: Registration Se Division of Cor			,
SUBJECT:	ng On TUNS TO Name of Limit	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Piease return all correspo	ondence concerning this matter	to the following:	
	240 Snor	Firm/Company Address City/State and Zip Code Will AM COM o be diserfor future annual report notion	<u>3274</u> 6
For further information c	oncerning this matter, please ca	ill: V	
	1 Elsweig f Person LUW Elsweig ne following amount:	at (<u>407</u>) <u>718</u> Area Code Daytim 407 474-	-6049 e Telephone Number J 325
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, 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

OI	F	
Ping Ontions Trade	ing LLC	2020 DEC 14 AM 7: 52
()	iv Alt now appears on ou iability Company)	10TAVARISSET, EL
The Articles of Organization for this Limited Liability Company v	were filed on/O	and assigned
Florida document number <u>L,2000 3308</u> 12		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designati	on "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 acagent and/or the new registered office address here:	idress on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	a 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.

City

, Florida

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
M GRM	Adam Ellsweig.	240 Snowfields Run	□Add
	Ú	Heathrow, F1 32746	DRemove
			□Change
M <u>GRM</u>	Vicki Ellsweig.	240 Snow-frelds Run Meathrow F132746	DAdd
	Û	Meathrow F132746	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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