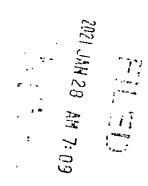
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(Re	questor's Name)	
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
PICK-UP	☐ WAIT	MAIL
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MAR 12 2021 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: MUG	<u> </u>	ted Liability Company	<u> </u>
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	TENCYTICS	Name of Person	
	MCHILT	CCSSCS W L	s.C
	1540 N	Toth Tuc; Address	4 304
	Hellywika	City/State and Zip Code	21
-	E-mail address: (to	be used for future annual report notif	ication)
or further information conc	eerning this matter, please ca	N:	
Name of Po	erson	at (454) 551. (Area Code Daytime	Telephone Number
closed is a check for the f	following amount:		
3 \$25.00 Filing Fee	S30.00 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
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, FI. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L200003</u> 33 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" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered office address on our records, enter the name of the new registered t and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

tistered Agent's Signature, if changing Registered Agent:

accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the is of all statutes relative to the proper and complete performance of my duties, and I am familiar with and e obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is d to merely reflect a change in the registered office address, I hereby confirm that the limited liability has been notified in writing of this change.

authorized to manage, enter the title, name, and ac	ddress of each person b	eing added
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		4	11	υM	OUL	record	<u>ls</u> :
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MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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ective date.	if other than the date of filing: (optional)	
effective 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 6 e inserted in this block does not meet the applicable statutory filing requirements, this date will not be li	05.0207
ument's effec	ctive date on the Department of State's records.	isted as
ord specifies	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
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	A (
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	TALLES HIA ME (1) 1 Typed or printed name of signee	