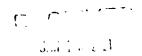
Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2021

ERIK EDWARDS 117 SCOTT DR. SANFORD, FL 32771

Ref. Number: 800358118948

Upon receipt of your letter and/or check(s) totaling \$30.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

RECEIVED

COVER LETTER

•	•
Registration	Section
Division of (orporations

Name of Limited Liability Company)

enclosed Articles of Amendment and fee(s) are submitted for filing.

ase return all correspondence concerning this matter to the following:

Firm-Company

Firm-Company

Name of Person

Firm-Company

Address

Sanf-as a F C Dann

Cuy/State and Zip Code

For further information concerning this matter, please call:

EQTKEDUARDS at (305) 331-1091

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following atmount:

S25.00 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 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

FILED

2021 HAR 19 PH 5: 22

| Name of the Limited Liability Company as it now appears on our records | TARY U.S. STATE

(A Florida Limited I	Liability Company)	MULAHASSEE, FIT
The Articles of Organization for this Limited Liability Company	were filed on 10123	12020 and assigned
Florida document number 120000335542.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	117 Scott	DR.
(Principal office address MUST BE A STREET ADDRESS)	Loralnas	= (32771
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>s</u>	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	Cha	, Florida
Non-Books and Association (Charles to Builder and Charles to Builder	•	zip Coae
New Registered Agent's Signature, if changing Registered Agent:	City	

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.

f 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
		□Remove	
			□ Change
			□Add
			□Remove
			Change
			□Add
		Remove	
			□Change
		□Add	
		□Remove	
			□Change
		□Remove	
			□Change

11 411	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
: ffec	tive date if other than the date of filing:
Note:	tive date, if other than the date of filing:
rece	ord 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 filed.
	o5
Dated	. 303
	Signature of a member or authorized representative of a member
	Typed or printed name of signee