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# **COVER LETTER**

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	ion Section of Corporati	ons <sub>w</sub> hi	ı	♣,	16. 14.	Ç.	¥ \$	.~		•
SUBJECT:	201	PENSAC Name	OLA of Limited	BEACH Liability Compa		, LL	C			
The enclosed Artic	les of Ameno	lment and fee(s) a	are submitt	ed for filing.						
Please return all co	rrespondence	concerning this	matter to t	ne following:						
	_	KATI	<u>eina</u>	Name of Pers	JOV son	<u>J</u>		·····		
	_			Firm/Compa	ny					
	14	550 S	.JE	FFEKS7 Address	e Un	ST /				
	_	MONT	CEID	FZ City/State and Zi	p Code	323	44_			
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KATRIWA	- WA Name of Perso	LTON		at ( <u>\$5</u> Area Co	<u>D</u> )	510 - Daytime	-951 Telephon	2 e Number		
Enclosed is a chec	k for the follo	owing amount:								
S25.00 Filing	Fee 🗆	\$30.00 Filing Fec Certificate of St		S55.00 Fili Certified C (additional co	Сору			Certified	e of Status &	

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

201 PENSAMUA BI	FACH DO 1 , 2020 NOV 12 AM 10:01
(Name of the Limited Liability Compa- (A Florida Limited L	EACH RO LL (UZUNUY 12 AM 10: 01  ny as it now appears on our recomme CRETARY OF STATE  Liability Company) TALLAHASSE, FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L 20000341095</u> .	1111
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	MONTICETO FZ 32344
(Principal office address MUST BE A STREET ADDRESS)	MONTICE 110 FZ 32344
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registere
Name of New Registered Agent: KATR	INA WAZTON
New Registered Office Address: 1550 S	. JEFFERSON ST.  Enter Florida street address
	E110 Florida 32344  City Zip Code
New Registered Agent's Signature, if changing Registered Agents	•

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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KATRINA WALTON	1550 S. JEFFERSON ST MONTICEIRO FL 32344	🗹 🗹 Add
			□Remove
			□Change
MGR	ROBERT G. HOLMES		□Add
		SOIN. GARDENST. GULF BREEZE, FL32502	ERemove
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oic. II	tive date, if other than the date of filing:  (optional)  (ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
ecord s	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 l.
ited	11-12 coso 2010 /// Marks
	Signature of a member or authorized representative of a member