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COVER LETTER

TO:

Tallahassee, FL 32314

our rece	CPRTH 11	/	
SUBJECT:		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:	
	<u>Debo</u>	rah Kallan Name of Person	
	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Debor A		
	10135 0	Collins on #15	100
	B ₂	Harbour FL 3 City/State and Zip Code	33124
For further information c	oncerning this matter, please ca	aff:	
De borsh	Fretton (Person	at (<u>786</u>) <u>30 0</u> Area Code Davtime	667
		·	·
Enclosed is a check for ti	he following amount:		
\$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			
Registration S Division of C		Registration Sect Division of Corpo	
P.O. Box 632		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

CPBTM L	LC 2021 FEB 11 AM 8: 18
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	2021 FEB 11 AM 8: 18 IN AM 8: 18
The Articles of Organization for this Limited Liability Company of Florida document number <u> </u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinuishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6943 NW 82 hel av
(Principal office address MUST BE A STREET ADDRESS)	6943 NW 82 nd av Mizmi, FL 33/66
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10185 collins on # 1501 Bal Harbour FL 33154
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
Maria De la Caracida Alemania de Otras de la Contra del Contra de la Contra del Contra del Contra de la Contra de la Contra del Contra de la Contra	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
		 	□Change
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Note: If the dat	if other than the date of is listed, the date must be special inserted in this block does tive date on the Department.	is not meet the applica	able statutory filing re	(optional) than 90 days after filing.) I equirements, this date w	Pursuant to 605.0207 iil not be listed as
e record specifie rd is filed.	a delayed effective date. I	but not an effective ti	me, at 12:01 a.m. on (the earlier of: (b) The	90th day after the
Dated	02/01	. 202	+-		
<u></u>					
	Signatu	ire of a member or autho	orized representative of	a member	