L20 000354343

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(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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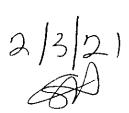
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2020 DEC 28 PN 1: 42



COVER LETTER

Division of Cor	porations		
SUBJECT:		ited Liability Company	enes LLC.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>Laur</u>	Name of Person	
		Firm/Company	
	3238 J	Ohns P. Address	
	Palu	Springs FL. 33 City/State and Zip Code e 93 & out look to be used for future annual report notif	3461 .COM
For further information c	E-mail address: (ication)
LOUVLY Name o	1 Lowe f Person	at (<u>813</u>) <u>401-4</u> Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 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 Addres Registration S		Street Address: Registration Sec	
District and C	la ma a ma li casa	Division of Con	sandiane

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

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

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)					
The Articles of Organization for this Limited Liability Company were filed on November 9,2020 and assigned Florida document number _L 2000354343						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :					
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "LLC."					
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable:	F11_ 2020 DEC 28					
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered office address on our r	ecords, enter the name of the new registered					
agent and/or the new registered office address here:						
Name of New Registered Agent:						
New Registered Office Address: Enter Flor	ida street 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

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
MUR	Lauren Lowe	3238 Johns Pl., Palu Spring Fl. 33461	<u>5, </u>
			□ Remove
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	2020 DEC
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 ote: If the date inserted in this block does not meet the applicable statutory filing requiren occument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlis filed.	lier of: (b) The 90th day after the
ated December 16. 2020.	