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(Reque	estor's Name)	
(Addre	SS)	····
(Addre	ss)	·
(City/S	tate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
(Docur	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	ng Officer:	
u. Sit	AS	
DEC 19	2021	

Office Use Only



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2021 NOV 24 FM 3: 45

#### COVER LETTER

Division of Corporations			
SUBJECT:	Name of Limited	d Liability Company	<u> </u>
The enclosed Articles of Amendmen	nt and fee(s) are submi	tted for filing.	
Please return all correspondence cor	ecerning this matter to	the following:	
	Laura Jack	Name of Person  Firm/Company	
	11420 +	Fortune C	ircle Unit I-22
N	ellingto	City/State and Zip Code	33414
	Jackson	be used for future annual report to	Mail COM
For further information concerning	his matter, please call		
Name of Person	ucci.	at (Z/S) Z Area Code Dayti	we Telephone Number
Enclosed is a check for the followin	g amount:		
	00 Filing Fee & tiffcate 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:		Street Address:	

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

TO:

Registration Section

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 2021 NOV 24 PM 3: 49

Jackson Jill L	<u>. C</u>	
(Name of the Limited Liability Comp (A Florida Limited	<u>any as it now appears on</u> Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	10 20 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	11420	Fortune Circle
	Welling	ton, FC 33414
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	11420-	tortune Circle
	ul alli oct	T-24
B. If amending the registered agent and/or registered office	WELLI KAL	OV ) H 35417
agent and/or the new registered office address here:	William Officer	the the name of the new registeres
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida :	street address
<del></del>	City	, Florida
New Registered Agent's Signature, if changing Registered Agent	•	гар халас
I hereby accent the appointment as registered agent and ag	_	acity. I further garey to comply with the

### 1

by 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member	\	
<u>Title</u> <u>Name</u>	<u>Address</u>	Type of Action
		□Add
		□Remove
		□Change
		□Add
		□Remove
		Change
		□Add
		□Remove
		□Change
		□Add
		Remove
		□Change
,		Remove
		□Change
		DAdd
		□Remove
		☐ Change
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). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	re date, if other than the date of filing:
the record	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 ed.
Dated_	11/18 2021
	Signature of a member or authorized representative of a member
:	Laura Mirracci
	Typed or printed name of signee