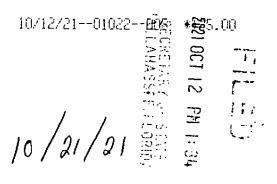
L20000363606

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TO:

то:	Registration Section Division of Corpora			
SURII	ест: <u>Fe</u> AT	HEVERIKO DV	VESTMENT LIC	
5(7130)		Name of Li	imited Liability Company	
The en	elosed Articles of Ame	endment and fee(s) are so	ubmitted for filing.	
Please	return all corresponder	nce concerning this matte	er to the following:	
				_
	-	W	DIKEW POTDHUMME Name of Person	
	-	FEATHER	Firm/Company	
			r imi/Company	
		1110 BKI	CKELL AVENUE SITTE O	<u>130</u>
	-	MJAM	City/State and Zip Code	
	<u>-</u> -	E-mail address	STRD INFSTMENTE (MAIL. (to be used for future annual report notification)	(01)
For fu	rther information conce	erning this matter, please	e call:	
۱		mtd hww/15	765 . 706 linu	7
<u></u>	Name of Per	rson	at (365) 396 - 424 Area Code Daytime Telephone	Number
Enclos	sed is a check for the fo	ollowing amount:		
p (\$2	25.00 Filing Fee [□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	ee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FEATHER BIRD DWY	EXMENT (در	
(<u>Name of the Limited Liability</u> (A Florida Li	mited Liability Compa	opears on our records.) iny)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L20006363606</u> .		NOVEMBER 17,	7676 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability compan	ı <u>v here</u> :	
The new name must be distinguishable and contain the words "Limited	I Liability Company,"	the designation "LLC" or the	e abbreviation "L.IC."
Enter new principal offices address, if applicable:			70 20
(Principal office address MUST BE A STREET ADDRES	(32)		170 0
			12 555
Enter new mailing address, if applicable:			: T : T : T
(Mailing address MAY BE A POST OFFICE BOX)			ا المراق المراقع المراقع
			2021 OCT 12 PM 1: 35
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ffice address on o	ur records, <u>enter the na</u>	ame of the new registered
	Enter	Florida street address	
		Florida	
Non-Designation Association	Cuy		Zip Code
New Registered Agent's Signature, if changing Registered Agent and hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	I agree to act in to plete performance it as provided for	e of my duties, and I an in Chapter 605, F.S. O	n familiar with and Or. if this document is
īī	Changing Registered	1 Agent, Signature of New I	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>	Name	Address	Type of Action
AMBIR	GUSLLERMO LOPEZ	3001 N 15TH & THMPA F1,3	3619 Xada
			□Remove
			□Change
			□Add
			AVOROBVE 1
			BChange SS
			PROMOVE OCT PH 1: 35
			□Change
			□Remove
			□Change
			□Add
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Filing Fee: \$25.00