2000364004

(Requestor's Name)
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PICK-UP WAIT MAIL
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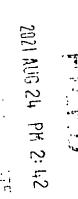


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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: (COS)	line K9 North	11.6		
00 taber 1 1 2 2 2 1	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Elevi	a Beplay		
	<u>Coas+1</u>	ine K9 North L	LC	
	<u>4694 Ca</u>	hokia Run Address		
	Crestvie	W FL, 32539 City/State and Zip Code		
	E-mail address: (to be used for future annual report not	ification)	
For further information cor	ncerning this matter, please co	all:	1916 1916 1917	
Elena Beplac	Oson	at (<u>850) 428 - (</u> Area Code Daytin	12 12 12 12 12 12 12 12 12 12 12 12 12 1	
Enclosed is a check for the	following amount:		PH 2:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Se		Street Address: Registration Se		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, Fl	L 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	tny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number \(\begin{align*} \begi	were filed on 17 NOV	PMDET 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new register
Name of New Registered Agent:		75 75
New Registered Office Address:	Enter Florida street	address
		_, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
If Cha	nging Registered Agent, Signa	nture of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGB	Elena Beplay	4694 canokia Run	□Add
		Crestview FL. 32539	□Remove
			□ Add
			□Remove
			□Change
			🗆 Add
			□ R ess ove
			☐ Change
			™ [ßBemove
			□Change
	1		□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Change managing member Name from Eleva Konter to Elena Bepiag.			•
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Filing Fee: \$25.00