## 120000364288

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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT: Florid	a Official Notarie		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Nefertiti ka	Hyn Mewin Bartley Name of Person	
	Florida	Official Notaries LLI Firm/Company	<u>C</u>
	12750 N	W 27th Ave Apt 115	
	Ора	Lacka FL 33054 City/State and Zip Code	
	_ *	al notaries ogmail. com	fication)
For further information co	oncerning this matter, please c	all:	
Neterlity Kathlyn		at ( <u>305</u> ) <u>922-(</u> Area Code Daytim	e 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 Address Registration S		Street Address: Registration Sec	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632	1	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida I.	Limited Liability Company)	,	
The Articles of Organization for this Limited Liability Co.	mpany were filed on 1	Vovember 17,203	20 and assigned
Florida document number L2000 364 288			
This amendment is submitted to amend the following: No	ime of Registered	agent	
A. If amending name, enter the new name of the limite	ed liability company h	<u>iere</u> :	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		NIA	
(Principal office address MUST BE A STREET ADDRE	<u></u>		2020 DE
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		N A	14 6-3 11 ED
B. If amending the registered agent and/or registered	office address on our	records, <u>enter the nar</u>	ne of the new registered
agent and/or the new registered office address here:	A112 A2 W 1 - A4		
Name of New Registered Agent: Nex	extiti Kathlyn M	Jervin Bartley	
New Registered Office Address: 2114	N Flamingo F	Coad #519 orida street address	
Pem	prole Pines	Florida	33028 Zip Code

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 Changing Registered Agent, Signature of New 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>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
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te: If the	e date inserted in this block does not meet the applicable statutory filing requirements, this date	
cument's	s effective date on the Department of State's records.	
ecord spec is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
ted	December 5 2020	
	Negetiti tothly Menn Battly Signature of a member or authorized representative of a member	
_	Signature of a member or authorized representative of a member	
	//	
	Nefertiti Kathlyn Mervin Bartley Typed or printed name of signee	