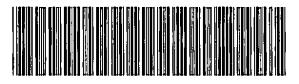
120000371465

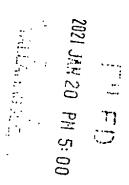
(Requ	estor's Name)	.
(Addre	ess)	
(Addre	ess)	
(121 a.)	,	
(City/s	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ness Entity Na	me)
(040)	,	,
(Docu	ment Number	
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ina Officar	
Special instructions to Fi	ing Officer.	
		<u> </u>

Office Use Only



500358158235

01/20/21--01038--007 **25.00



JA. 2/22/21

COVER LETTER

Division of Cor			
SUBJECT: IN	Ger Diana Ko	SENQVIST LLC	-
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ingpe).	ROSPINQVIST Name of Person	
	FINGER DIC	IMA ROSPNQ VIST	TLIC
	16175 G	olf Club Rd	Apt. 109
	Weston	FL 33326	
		City/State and Zip Code	
	rosengyi E-mail address: (STAR GWAIL. COM	ification)
For further information c	oncerning this matter, please ca	all:	
Inger)	Rosenavist	at (<u>305)</u> <u>CIQ 2</u> Area Code Daytin	4425
Name (/	i i cison	Area Code Daytin	ne reiephone Number
Enclosed is a check for the	ne following amount:		
S25,00 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 Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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 appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>LZ 0000 371465</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, 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 Florida street address City 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>	<u>Address</u>	Type of Action
MGR	INGER D ROSENOVIST	16175 golf Club Rd /p 109	XAdd
		Weston Fi 33326	
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove

amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
_	
_	
an effec <u>ote:</u> - If	e date, if other than the date of filing:
ecord : is filed	specifies a delayed effective date, but not an effective time, at 12:91, a.m. on the earlier of: (b) The 90th day after the 1.
ated	Jan-13 . 2021 . (1)
	Signature of a member or authorized representative of a member
	Inger D. Rosercovist /