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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: <u>UNIXED CU</u>	Name of Limited Liability Company
The enclosed Articles of Amendment an	nd fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
Amb	er Bullard Name of Person
	Miled Culture Myestments Firm/Company
1620	BUTTLE Brush Or. Address
	POLM Scary Fl. 32905 City/State and Zip Gode
UCK	E-mail address: (to be used for future annual report notification)
For further information concerning this	matter, please call:
Awker Bulleye Name of Person	at (321) 419-8403 Area Code Daytime Telephone Number
Enclosed is a check for the following an	nount;
☐ \$25.00 Filing Fee \$30.00 F Certifie	illing Fee & S55.00 Filing Fee & S60.00 Filing Fee, cate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code
	. Fla	orida
right Registered Office Address.	Enter Florida street address	
New Registered Office Address:		2
Name of New Registered Agent:		<u> </u>
		<u> </u>
agent and/or the new registered office address here:	enter s	ine name of the new registeree
B. If amending the registered agent and/or registered office a	ddress on our records, enter i	the name of the new registered
(Mailing address MAY BE A POST OFFICE BOX)		~;
Enter new mailing address, if applicable:	-	
-		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new principal offices address, if applicable:		<u></u>
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
-	· · · · · · · · · · · · · · · · · · ·	
A. If amending name, enter the new name of the limited liab	ility company here:	
This amendment is submitted to amend the following:		
Florida document number L2000 5 11889		
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000 371889</u>	were filed on $1/2/2020$	and assigned
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record- liability Company)	<u>v.</u>)
mike when must	Mente IIC	

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 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	Amber Bullard	1650 BOHLO BOWN ON	· DAJJ
		100 pack Bay Fl.	□Remove
		32°105	□Change
AMER	Borald Bullard	1620 Bake Bron DI	'_ YAdd
		100 prembry F1.	□Remove
		32905	□ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
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(ote:	e date, if other than the date of filing:
record Lis filo	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 d.
ated _	5/27/2021
	Signature of a member or authorized representative of a member