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COVER LETTER

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увјест:	Him In Name of Limit	amacca Line ted Liability Company	nited 2 LCC
e enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
ase return all correspo	ondence concerning this matter	to the following:	
	Hildoer	+ J Rar	slin
		Firm/Company	
	8010 14	amplon R	slud_
	N. Lau	deudale FL City/State and Zip Code	33086
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r further information of	concerning this matter, please ca	ill:	, and the second
(-) Name o	rt J. Pans	1'n at (954) 2.63 Area Code Daytime	757Z e Telephone Number
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3 \$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 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) e Articles of Organization for this Limited Liability Company were filed on 12-9-2020 and assigned is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." nter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable: failing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida ___

w Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability impany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

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

removed f	rom our records:		
GR = Ma MBR = Au	inager ithorized Member		
<u>tle</u>	Name	Address	Type of Action
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<u>e:</u> If the date inser	er than the date of fil d, the date must be specific ted in this block does no late on the Department of	ot meet the applicabl	date of filing or more that e statutory filing requ	n 90 days after filing.) Pursi irements, this date will t	uant to 605,0207 tot be listed as
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