LZC 000 356873

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FILED 2021 JAN 15 AMTH: 35

2/22/21

COVER LETTER

	istration Sect ision of Corpo			
SUBJECT:	K	Name of Lim	Marchana, Cited Liability Company	LC_
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	lence concerning this matter	to the following:	
		Kim	Marchena	-
			Name of Person	
		4	CML.	
			Firm/Company	
		13/00 n	Bayshure Or.	
			Address	
		1. MIami	FC 33/8/ City/State and Zip Code	
			na (Chen a C 9ma) to be used for future annual report no	
For further in	nformation con	cerning this matter, please ca	all:	
_K	Name of P	Gichena erson	at (<u>325</u>) <u>52</u> Area Code Dayti	8 - 800 3 me Telephone Number
Enclosed is a	check for the	following amount:		
\$25.00 F	Filing Fec	□ \$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)

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on o Liability Company)	our récords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>レネがの3%6873</u> .	were filed on	$\frac{1}{2}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah Kimberly Kaplan Mar The new name must be distinguishable and contain the words "Limited Liabi		LC aation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	·	2021 : : : : : : : : : : : : : : : : : : :
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		. <u>U</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our record	ds, enter the name of the new registere
New Registered Office Address:	Enter Florida st	tunet addans
	Emer Prortag St	ireet address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agreerovisions 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.	ree to act in this capa performance of my o provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
			DAdd
			□Remove
			Change
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			□Remove
			
			Add
			Add ———————————————————————————————————
			ြေငြက်အge ဆို သ ကြေAdd
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Fective date, if other than the date of filing: Optional		
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Machina		2.01 a.m. on the carrier of (0) The 70th day after
Machina		
Signature of a member or authorized representative of a member	. , ///21	
Signature of a member or authorized representative of a member	ted 1/1/21	
Typed or printed name of signee	Maclu	<u> </u>

PIN P 05500