## 120000393758

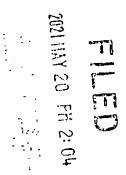
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## **COVER LETTER**

	ration Sec n of Corp	etion porations	7		1			
	andy & Ta	racey LLC	•	•				
SUBJECT:		Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·				
The enclosed Ar	ticles of A	Amendment and fee(s) are sub	omitted for filing.					
Please return all	correspor	ndence concerning this matter	to the following:					
		Tracey Julmiste						
			Name of Person			_		
		Frandy & Tracey LLC						
			Firm/Company			_		
		933 Parkway court					202	
			Address			<del></del> :	سبد مدرر معرر	15*
		Greenacres, Florida 33413	i e				2021 HAY 20	
			City/State and Zip Code					الرم العدم موا
		trandyandtracey@outlook.				िल	ھے۔ ایک	į
			to be used for future annual	report notificati	on)	75/1	) PH 2: 04	
For further infor	mation co	oncerning this matter, please of	all:			·		
Tracey Julmiste			954 866 at ( )	0-0109				
	Name of	Person	Area Code	Daytime Tel	ephone Numbe	:r		
Enclosed is a ch	eck for th	e following amount:						
<b>≘</b> \$25.00 Filin	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		Certified	ate of St	itus &	
	g Address		Street A					
	tration S on of Ca	ection orporations		ation Section of Corpora				
	30x 632			ntre of Talla				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Frandy & Tracey LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ny as it now appears on our records. hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/11/2020	and assigned
Florida document number L20000393758		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
Effenti LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		202
The party of the same of the s		endale
		-< ·-cross
		23
Inter new mailing address, if applicable:		रा । इस
Mailing address MAY BE A POST OFFICE BOX)		IQ Sec
		<u> </u>
		, .:-
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter tl</u>	ne name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	City	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 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
			□Add
			Remove
			☐ Remove
			□Change
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			□Remove
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<del></del>			🗀 Add
			□Remove
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nending any other information, enter change(s) $\lceil \setminus \wedge \mid  ho \mid  ceil$	Here: (Attach additional sheets, if necessary.)
Charle Mar co	mpany's pame from
Francis of Travellic	TO FEFENTILIC
effective immediatel	y please
effective 1: Milecharet	7 1000
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	CD 
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ctive date, if other than the date of filing:	e prior to date of filing or more than 90 days after filing.) Pursuant to applicable statutory filing requirements, this date will not be
ord specifies a delayed effective date, but not an effect filed.	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day a
d 03/20/21	Tund I family
Signature of a member or	r authorized representative of a member
•	
Tracey Julmiste	

Filing Fee: \$25.00