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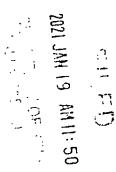
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## **COVER LETTER**

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	Registration Se Division of Cor			
eun we		nt 4012 LLC		
SUBJEC'	1:	Name of Limi	ited Liability Company	
The enclo	sed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Kyle Shaw		
			Name of Person	<del> </del>
		Manausa, Shaw & Minacci	P.A.	Person  Inpany  SSS  Zip Code  Ure annual report notification)    597-7616     Code   Daytime Telephone Number    Illing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)    Street Address: Registration Section Division of Corporations     The Centre of Tallahassee
		Court 4012 LLC		
1701 Hermitage Blvd, Suite 100				
Address				
	Address  Tallahassee, FL 32308  City/State and Zip Code			
			City/State and Zip Code	<u> </u>
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For furthe	er information c			onneation)
Kyle Sha	w			
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed	is a check for the	ne following amount:		
<b>■</b> \$25.0	00 Filing Fee	<del>-</del>	Certified Copy	Certificate of Status & Certified Copy
] ] ]	Mailing Address Registration ( Division of C P.O. Box 632 Tallahassec, 1	Section Corporations 27	Registration Division of C The Centre o	Section Corporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L21000008499	y were filed on 12/30/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		202
		<u> </u>
		i f
Enter new mailing address, if applicable:		9
(Mailing address MAY BE A POST OFFICE BOX)		
Mulling dudress MAT BE A POST OFFICE BOAT	<del></del>	
	<del></del>	50
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	e address on our records, <u>ent</u>	er the name of the new reg
New Registered Office Address:	Enter Florida street ada	dress
		Florida

## 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
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		Tallahassee, FL 32308	<b>___________</b>
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ne record specifies a delayed effectord is filed.	ctive date, but	not an effective	time, at 12:01	a.m. on the earl	ier of: (b) The 90	th day after the
Dated		2021				
	1/2-0		_			

Typed or printed name of signee