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2021 JUL 19 PM 2: 03
SECRETARY OF STATE
TALLAHIASSEE, FL





Tallahassee, FL 32314

## **COVER LETTER**

TO: 5 Registration Se Division of Cor		·	·:	
1 & E Hold	ings LLC			
SUBJ <b>E</b> CT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Isaac Kimsey			
		Name of Person		_
		Firm/Company		_
	1210 Green Vista Circle	, S		2021 SEC
		Address		2021 JUL 19 PH 2: 03 SECRETARY OF STATE TALLAHASSEE. FL
	Apopka, FL 32712	C. W. 17. O.1		RY 01 RASSI
	isaackimsey@gmail.com	City/State and Zip Code		H 2:1
For further information o	E-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	dification)	T# 03
Isaac Kimsey		407 797-3097		
Name o	f Person	at () Area Code Daytin	ne Telephone Numb	er
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status & ed Copy al copy is enclosed)
Mailing Addres Registration S	<del></del>	<u>Street Address:</u> Registration Sc	ection	
Division of C		Division of Co		
P.O. Box 632	•	The Centre of		
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite	810

Tallahassee, FL 32303



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records.) mited Liability Company)	
npany were filed on January 12, 2021	and assigned
d liability company here:	
Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
	2021 JU SECRE TALI
<u> </u>	
	PM 2: 03  RY OF STATE AKSSEE, FL
ffice address on our records, <u>enter the</u>	name of the new registe
Enter Florida street address	
City Florid	da Zip Code
1 d	Liability company here:  Liability Company," the designation "LLC" or  SS)  Enter Florida street address

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 amendin 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>l'itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Effective date, if other than the d	ate of filing:	1 . C C 1	(optional)	
Effective date, if other than the d	k does not meet the applicab	date of filing or more than 9 le statutory filing require	o days after filing.) P ments, this date w	ill not be listed as
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