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2021 SEP 15 PHIO: 10
SECRETARY OF STATE

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Matthew Fowler Name of Limit	r McCarthy CLC ited Liability Company	
The enclosed Articles	of Amendment and fec(s) are sub-	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Matt	thew Milarty	
		er McCarthy CLC Firm/Company	
	76 5 Laura	St. Suite 1500 Address	
	Jackson Ne F	City/State and Zip Code	
		D Callier). Com	otification)
For further information	n concerning this matter, please ca	all:	
Matt McC Name	at the cof Person	at (<u>904</u>) <u>526-</u> Area Code Dayti	8(13) me Telephone Number
Enclosed is a check for	the following amount:		
₩ \$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

FILED

2021 SEP 15 PM 10: 10

		SECRETARY OF SAME
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our recuited Liability Company)	cordsDALLAHASSEEDEREIG
he Articles of Organization for this Limited Liability Comp		
lorida document number		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>
		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	-	
If amonding the resistant and and the second and th	. ,,	
If amending the registered agent and/or registered off gent and/or the new registered office address here:	ice address on our records, <u>en</u> t	ter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	Iress
		Florida
	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>	Address	Type of Action
AMBR	Matthew McLarthy	76 5 Laura St. Suite 1500 Jackbary. Yey Fi	<u> </u>
			□Remove
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			□Add
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an effec lote: I	ve date, if other ctive date is listed, t f the date inserted nt's effective date	the date must be sp d in this block do	ecific and cannot bes not meet the	he applicable	ate of filing or m	ore than 90 days	optional) s after filing.) F s, this date w	ursuant to 605.020
record	specifies a del ayo d.	ed effective date.	, but not an ef	fective time,	at 12:01 a.m.	on the earlier o	of: (b) The S	90th day after the
l is file			^	~ /				
1 18 1110	Septembe	<u>r 13</u>	, & U.i. 1	<u>out</u> .				