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T. MATTHEWS

DEC 17 2021

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Roby Name of Lin	Nyant, LLC nited Mability Company	• • •
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Rol	Our Vant Name of Person	
	K	Dhyn Jant, LLC	· · · · · · · · · · · · · · · · · · ·
	POBOX	464 Address	
	Tallaho Tobyn 6 E-mail address:	SSEEFL 36 City/State and Zip Code	Com tification)
For further information con	ncerning this matter, please c		
Robyn Name of	Person	at (850) 3 Area Code Dayti	203050 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 Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
Maitin Adding		0	

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	,	;

n= 3:00

Roberto	Vart 110	21 050 -6 7110	
(Name of the Limited Liability (A Florida	ty Company as it now appe Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>し 名10000 よ843</u> 0	ompany were filed on _	1/12/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the	designation "LLC" or the abl	previation "L,L,C,"
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our	records, <u>enter the name</u>	e of the new registered
Name of New Registered Agent:			W
New Registered Office Address:	E Pt		
	enier Flo	orida street address	
	City	, Florida	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		n, 3, 03		
<u>Title</u>	<u>Name</u>	Address 21 050-6 PH 3: 08	Type of Action	
MGR	Mia Holland	2103 NE 12th Aue Gainesville, FL 32609	Œ Add	
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Signature of a member or authorized representative of a member	Dated	December 1,	<u> 1031</u> .	
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