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(Re	equestor's Name	)
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(Ac	dress)	
(Ci	ty/State/Zip/Phor	ne #)
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PICK-UP	MAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number	<del>,</del>
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Certified Copies	Certificate	se of Statue
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Special Instructions to	Filing Officer:	ľ
J. H	ORNE	
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•		COVER LETTER	i
TO: Registration of Division of	on Section f Corporations	<u> </u>	, ! !!
IZ GR SUBJECT:	OW LLC	į	
SUBJECT:	Name of Lin	nited Liability Company	<u>.</u>
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	1 .
	DIECSON VILARINO		
		Name of Person .	
	INC SOLUTIONS, LLC	1	1
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	28 W FLAGLER ST, STE	E 300B	
		Address	·
	MIAMI, FL 33130		
		City/State and Zip Code	
	SUNBIZ@INC.SOLUTIO		
	E-mail address:	to be used for future annual report not	ification)
For further informat	ion concerning this matter, please of	all:	
DIECSON VILARII	NO	888 406-7602	
Na	arne of Person		ne Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fo	ce S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	S60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
		# 1	!
Mailing Ad	Idress:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

	5.0 B
Company as it now appears on our	records.)
Limited Liability Company)	語名
ci , 01/13/2021	Sand assigned
ompany were filed on	m ~ m
	9.
	## <b>2</b>
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red Liability Company "the designation	"I I C" or the abbreviation "I I C"
or starting company, the academics	. EEC of the above that on E.E.C.
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office address on our records,	enter the name of the new registered
	-
<del></del>	
Enter Florida street	address
	, Florida
City	Zip Code
	ed Liability Company," the designation  ESS)  Office address on our records, of the designation of the desig

## 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 amonding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:				
MGR = M	• • • • • • • • • • • • • • • • • • •			
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If amend	ling any other informa	ition, enter cha	inge(s) nere	(Altach additi	ionai sneets, ij	necessary.)	
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Note: If t	date, if other than the ve date is listed, the date must he date inserted in this black 's effective date on the D	lock does not me	et the applica	o date of filing or role statutory filin	nore than 90 days	optional) s after filing.) Pursua s, this date will no	ant to 605.0207 of be listed as
ne record spord is filed.	occifies a delayed effectiv	re date, but not a	n effective tin	ie, at 12:01 a.m.	on the earlier of	of: (b) The 90th	day after the
na is med.			2022				-
	RCH 21			•			
	7 DR /	Signature of a me		_ ·			