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(Ře	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		6/4/21 TM

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COVER LETTER

TO:

FO: Registration Se Division of Cor			
SUBJECT: <u>£</u>	lis Thoce		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Sherence	love	
		Name of Person	
		Firm/Company	<u> </u>
	11744 NW	1.2th S.f.	
	Pennack	City/State and Zip Code helmal.com to be used for future annual report notif	, 3026
		City/State and Zip Code	
	Sta ove a	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca		
Sherene	العن عد	at (<u>3</u> 25) 322 Area Code Daytime	-1716
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25,00 Filing Fee	S30.00 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 Addres		Street Address:	. :
Registration S Division of C		Registration Sec Division of Con	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF	The state of	
Faris recallance	21 APR 16	00 :01 KA
(Name of the Limited Liability Company as it now appears on	our records.)	
(A Florida Limited Liability Company)		

(A Florida Linnica E	Saontry Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 ccc 5 3</u> 27	were filed on <u>Ol/27/202/</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	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 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 = Ma AMBR = Au	thorized Morshor		Margin Co.	الله من المراقب المارة المراقبة المراقبة المارة	
<u>Title</u>	<u>Name</u>	<u>Address</u>	21 APR 16	AH 10: 00	Type of Action
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effective date is listed e: If the date inser	er than the date of filid the date must be specific a red in this block does no late on the Department o	and cannot be prior to date of fili t meet the applicable statuto	ng or more than 90 days at	otional) Aer filing.) Pursuant to 605.02 This date will not be listed
cord specifies a del i filed.	ayed effective date, but n	not an effective time, at 12:0	l a.m. on the earlier of:	(b) The 90th day after the
ed : 3/12	12071 * En	<u> </u>		