L21000064509

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on	our records.)	_	
(A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on <u>fe</u>	<u>5. 2021</u> a	nd assigned	
Florida document number <u>L200064509</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the design	ation "LLC" or the abbreviati	on "L.L.C."	
Enter new principal offices address, if applicable:			- 2	
(Principal office address MUST BE A STREET ADDRESS)				
		 ;	250 	
				
Enter new mailing address, if applicable:			<u>P</u>	
(Mailing address MAY BE A POST OFFICE BOX)		· · ·	<u>- 2:</u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, <u>enter the name of th</u>	e new <u>register</u>	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida s	treet address		
	, Florida			
	City	Zip	Code	
New Registered Agent's Signature, if changing Registered Agent				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ree to act in this capo performance of my	ncity. I further agree to duties, and I am familio	comply with the ar 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 = Manager AMBR = Authorized Member Type of Action **Address** Title Name Tiona Humitton 4033 Door Torrace DR. DAdd LUCIUND, FL 33810 Exemove 4033 Dover Terrace De axad Taurana Thompson Lakeland, FL 33810 - Remove ____ □ Change _____ □Remove _____ □Change

____ Change

						
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ecord specities a deli s filed.	ayed effective date, bu	at not an effective	e time, at 12:01 a	m. on the earlier of	: (b) The 90t	h day after
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Filing Fee: \$25.00