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| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only

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COVER LETTER

| TO: Registration Section Division of Corpor | | | |
|---------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| SUBJECT: | General Name of Limi | SOVULL I | |
| The enclosed Articles of Am | endment and fec(s) are sub- | mitted for filing. | |
| Please return all corresponde | nce concerning this matter | to the following: | |
| | Teanie | Same of Person | |
| | MJ Taxe | S GM G MDV | <u> </u> |
| | 2754 WG | OST ATLANTA | CBIVA |
| | Pompano | BLACK FL. S City/State and Zip Code | 33069 |
| - | E-mail address: (1 | to be used for future annual report notif | namore of T |
| For further information conc | erning this matter, please ca | all: | |
| Jane of Re | antos rson | at (Note at Code) Daytime | Telephone Number |
| Enclosed is a check for the fo | ollowing 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: | | 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

| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I. | ny as it now appears on o | our records.) | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------|------------------------------|--------------------|
| The Articles of Organization for this Limited Liability Company Florida document number | _ | . 0 | 21 and as | signed |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabi | ility company here: | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designa | ttion "LLC" or the a | ibbreviation "L | LC." |
| Enter new principal offices address, if applicable: | | | _ | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | |
| Enter new mailing address, if applicable: | | · | 2021 | B |
| (Mailing address MAY BE A POST OFFICE BOX) | | ;" | MAR | 77 |
| the state of the s | <u>-</u> | · | | A month |
| | | <u>.</u> | | M |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our record | is, <u>enter the nar</u> | ne o ⊈ the ne ⇔ | y registered |
| Name of New Registered Agent: | • | | | |
| New Registered Office Address: | | | | |
| | Enter Florida str | reet address | | |
| | e1. | Florida | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | City | | гір Соае | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change. | perfor <mark>mance</mark> of my d provided for in Chapt | hities, and Lam ter 605, F.S. Or | familiar wi , if this doc | th and ument is |

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

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-------------|--------------------|----------------|
| <u>mBR</u> | Evika Pavdo | 10101 Windtree Lan | L HAdd |
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| effective date is list e: If the date inse | her than the date of fi ed, the date must be specific crited in this block does n | e and cannot be prior to not meet the applical | o date of filing or mo- | (op re than 90 days aft requirements, t | ter filing.) | Pursuan | t to 605.02 |
| cument's effective | date on the Department | of State's records. | | | | | |
| record specifies a do | layed effective date, but | not an effective tin | ne, at 12:01 a.m. oi | the earlier of: | (b) The | e 90th di | ay after the |
| ned FLDV | 1 | 2021 | 5 | | | | |
| | Signature o | of a member or author | izea representative o | i a member | | | |
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