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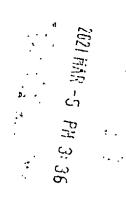
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Per Stephanie not Charging Manu just add Ner as Might 4/1/121

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COVER LETTER

Division of Corp	orations		
SUBJECT: PATO	Name of Lin	mited Liability Company	
The enclosed Articles of A	amendment and fee(s) are su	bmitted for filing.	
Picase return all correspon	dence concerning this matte	r to the following:	
	PATRICK F	Name of Person	
	A-391E	NTDL'S LLC Firm/Company	
	7860 w c	cmm & r Cipl 13/Ur) Ste Luo 1#550
	LP uderHill E	City/State and Zip Code	
	PFCDNCCIS/C	City/State and Zip Code 20846 610 Pt L - Co (to be used for future annual report notifi	())
For further information con	cerning this matter, please c		,
PATCICK ECDI	ع زين د erson	at (237) S27 Area Code Daytime	7/23 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S \$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:	

TO:

Registration Section

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

2021 MAN -5 PM 3: 36

		^{™ 3:} 35
(Name of the Limited Liability Comps (A Florida Limited	inv as it now appears on our records.)	· .
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{3-1-21}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
A-39 recepts LLC A-39 RENT The new name must be distinguishable and contain the words "Limited Liabi	AL5 LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	78.60 w Commercia	OL Blux
(Principal office address MUST BE A STREET ADDRESS)	STE 200 # 530	
	78.60 w Commercial STE Que & SSO Cauder Lill F1 53351	
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	- Florid	a
	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 = Manager AMBR = Authorized Member	г	

<u>Title</u>	<u>Name</u>	Address 2021 MAR - 5 PM 3: 36	Type of Action
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