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(Requestor's Name)
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## **COVER LETTER**

TO: Registration S Division of Co.			
SUBJECT:	FANCAL STOR	でいたされてし iited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lauren Ahro	Name of Person  Li MACOSTICA C. L  Pirm/Company	
	3:3 Dati	NO SI #200 Address	
	Liest ?	City/State and Zip Code	·
	E-mail address: (	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	9	
Name o	Note New York	at (254) 226 Area Code Daytime	CS 40 Telephone Number
Enclosed is a check for th	ne following amount:		
⊠ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: 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

(Name of the Limited )	Witter	ny as it now appears on our records.)	
(Al	Horida Limited L	(ability Company) 02/15/2021	
The Articles of Organization for this Limited Liabi	lity Company	were filed on by 2001	and assigned
Florida document number <u>1210000</u> 76	3A3		
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liabi	lity company here:	
Cthral Wanational			
The new name must be distinguishable and contain the words	s"Limited Liabili	ity Company," the designation "LLC" or the abb	reviation "L.L.C.
Enter new principal offices address, if applicabl	e:	313 Datura St #2	(DD)
(Principal office address MUST BE A STREET ADDRESS)		Nest Pelm Bear	30
		<u>Fi 33401</u>	
			\
Enter new mailing address, if applicable:		313 Datura St	#200_
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	Mest telm Beach	<u>h</u>
		- FL 33401	
no se le al la calanda de la c		dileges on our records onter the name	of the new registered
B. If amending the registered agent and/or regi agent and/or the new registered office address h		nddress on our records, enter the name	i i i i i i i i i i i i i i i i i i i
<del></del>			
Name of New Registered Agent:			·
New Registered Office Address:	かって	actural St # 200	- 
new registered control radices.		Enter Florida street address	<u> </u>
	West	Ram Beach Florida 3	Barne
-		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 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>	<u>Name</u>	Address	Type of Action
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	J	Lake North FL	□Remove
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			Signature of a	i membeljar	authorized rep	resentative of	a member			

Filing Fee: \$25.00