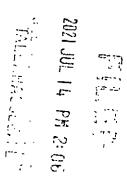
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(Requ	estor's Name)	
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Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	
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Office Use Only



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COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	JOHNATHAN M. SCRIV	EN	
		Name of Person	
		Firm/Company	
	222 NW 25TH STREET		
		Address	
	OCALA, FL 34475		
		City/State and Zip Code	
	QNVITA@YAHOO.COM		
	E-mail address: (to be used for future annual report noti	fication)
For further information ed	oncerning this matter, please ca	all:	
JOHNATHAN SCRIVE	N	352 4264103 at ()	
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following 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	g.	Street Address:	

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

Registration Section
Division of Corporations

TO:

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

on our records.)		
8/2021	and ass	signed
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signation "LLC" or the abbro	eviation: L	L.C.T.
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cords, <u>enter the name (</u>	or the nev	w register
		
la street address		
1	e: signation "LLC" or the abbro	g: 2021 and assignation "LLC" or the abbreviation. LC 22 22 22 22 22 22 22 22 22 22 22 22 22

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.

City

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	<u>Address</u>	Type of Action
PRES	JOHNATHAN SCRIVEN	222 NW 25TH STEET	
		OCALA, FL 34475	
			⊘. ————————————————————————————————————
AMBR	WILLIAM HILL	6 CHERRY DRIVE LANE	≣∧dd
		OCALA, FL 34472	∐Remove
			Change
MGR	TREVITA JONES	PO BOX 550072	■Add
		ORLANDO, FL 32855	□Remove
			Change
			□Remove
			☐ Change
			□Add
			□Remove
			□Add
			Remove
			Change

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ın effecti o <u>te:</u> If 1	date, if other than the date of filing:
ecord spirited.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited	July 10, 2021.
	John Carren Scruen Signature of a member or authorized representative of a member
	Johnsthan Scriven Typed or printed name of signee