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TO: Registration Section

Tallahassee, FL 32314

Division of Corpor	rations		
اءا			
SUBJECT: UA	Name of Limi	ted Liability Company	.
		,	
The enclosed Articles of Am	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Tiffanie	Gunness	
		Name of Person	
	ı		
	UBDMOI	Ne Hrm/Company	
		· · · · · · · · · · · · · · · · · · ·	
	3510 DAKS	Address	- <u></u>
		Address	
	Ω	E) 2200	
	rompano Dea	City/State and Zip Code	
-	E-mail address: (t	Day 11 @ yanco. co	fication)
For further information conc	erning this matter, please ca	all:	
_			
Tiffanie C	nunness	at (<u>154</u>) <u>245</u> Area Code Daytim	- O486
Name of Pe	rson	Area Code Daytim	e Telephone Number
Enclosed is a check for the f			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
U	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(additional copy is enclosed)	(additional copy is enclosed)
Mailing Address:		Street Address:	ation
Registration Sec Division of Con		Registration Se Division of Cor	
P.O. Box 6327	potations	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 21 AFR 23 AM 9: 55

JAMMONEY		
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on our reco orida Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liabili	ty Company were filed on $3 - 1 - 20$	and assigned
Florida document number <u>L 21600097589</u>)·	
This amendment is submitted to amend the followin	ਲੇ: ਰ	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "Li	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
	•	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registagent and/or the new registered office address he		er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
	. 1	Florida
-	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

,		THE CARL M
	4	Man Cartin Man

<u>Title</u>	Name	Address	21 APR 23 AM 9: 55	Type of Action
AMBE	Tiffanie Gunness	3510 OAKS	WAY AP+ 103	_&\dd
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Filing Fee: \$25.00