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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

suвјест: <u>Прч</u>) Geinerafi Name of Limi	on Quents taint	- 2 both
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person	
,			
		Firm/Company	
	502-NW	LOH Terr bac	=
	A. Lauderdo	Us H 3341 City/State and Zip Code	to a
	E-mail address (to be used for future annual report notif	i
n e a : e . :		•	,
For further information c	oncerning this matter, please ca	iii. '	
		at ()	•
Name o	Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. Name of Person Firm/Company Address H. LAUDE CALL A. T. S. S. L. City/State and Zip Code E-mail address: (to be used for future annual report notification) information concerning this matter, please call: Name of Person a check for the following amount: Filing Fee S.		
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			
_		.	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa (A Florida Limited I	to taint 2 hody (1) ny as it now appears on our records.) Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L210001000 FL</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	•
Robenson, Fenelus (mg) The new name must be distinguishable and contain the words "Limited Liabil	R Just taking of (TR)	of manager
Enter new principal offices address, if applicable:		2021
(Principal office address MUST BE A STREET ADDRESS)	- <u> </u>	P
	S : : : : : : : : : : : : : : : : : : :	G P D
Enter new mailing address, if applicable:		S - 2
(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 nam</u>	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

K 1

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
Mrgr-	Robenson Fenelys	822 NW10 HER FLANDER	# (FAdd
)		H 33311	□Remove
			□Change
			□Add
			□Remove
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f an effec <u>Note:</u> II	ve date, if other than the date of filing:
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
io is the	
	4-1-2021.
	4-1-2021. Molesm
	Signature of a member or authorized representative of a member