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(Re	equestor's Name)	
(Ac	ldress)	
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COVER LETTER

Division of Cor			
SUBJECT: De	rail Data 7	FL LLC	
5000 ECT	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	BAH Roy	Name of Person	
	Defail 18	Firm/Company	
	2897 SW 2	2ND Carcle 4-	<u>C.</u>
	Celicus Lead	Address 11	
	V		<u> </u>
For further information of	E-mail address: (to oncerning this matter, please ca	o be used for future annual report notific	ation)
Triville 13	eadle	at (SW) 979.	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
☐ \$25.00 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 Addres Registration S		<u>Street Address:</u> Registration Sect	ion

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

Mariotopia. 1	Actail Doctor TL LI	1_1
(Name of the Limited Lial (A Flor	pility Company as it now appears on our raida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number 100000	Company were filed on MG(C)	72, DOZI and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "LEnter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD)		"LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	-	21 NL
(Mailing address MAY BE A POST OFFICE BOX)		7:12 - 11 7:12 - 11
B. If amending the registered agent and/or registe	red office address on our records e	nter the name of the new registered
agent and/or the new registered office address here		データ (金) の (金) の
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street e	address
		, Florida
	Cuy	Zıp 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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		<u> </u>	Remove
<u>M6</u> R	Daniel Beatle	28975WZENDCWERE 440 Delvay Berth, 180 Z	©iChange 530µ6 □Add
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ective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of filing or mete: If the date inserted in this block does not meet the applicable statutory filing	ore than 90 days after filing.) Pursuant	t to 605.020
cument's effective date on the Department of State's records	g requirements, this date with not	oe usied as
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of stiled.	on the earlier of: (b) The 90th da	ay after the
red TUNO, 1-1, 2021		
signature of a member or authorized representative		