L2100c	2102429
(Requestor's Name) (Address) (Address)	000369583460
(City/State/Zip/Phone #)	07/08/210100T-017 +*25.00
Certified Copies Certificates of Status	2021 JUL - 7 PH 4: 32

## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Name of Limited Liab Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:



Enclosed is a check for the following amount:

XIS25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> 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

	FAMENDMENT			
	TO orcanization			
ARTICLES OF ORGANIZATION OF				
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{12100102429}{100102429}$ .	iv were filed on $3/2/21$ and assigned			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited lial</u> $\bigcap  A$		_		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "L.L.C."	•		
Enter new principal offices address, if applicable:	KBINE and Ave			
(Principal office address MUST BE A STREET ADDRESS)	Pompene Ben 713300	)		
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	NHA			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registe</u>	<u>red</u>		
Name of New Registered Agent:		-		
New Registered Office Address: Enter Florida street address				
<u> </u>	, 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, <u>enter the title, name, and address of each person</u> being addee or removed from our records:

## MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	Name	Address	Type of Action
Owner	4)essica (nac	Address 6001081921NE 2nd ave	E, AMPANO BCN Enda
NHUNE	×		🗆 Remove
NA	NA		⊡∧dd
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D. If amending any other information. enter change(s) here: (Attach additional sheets, if necessary.)

none	- <u>-</u>
	<u> </u>

## \_ (optional) E. Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

