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(Re	questor's Name)	
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(Do	ocument Number)	<u>.</u>
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Special Instructions to	Filing Officer:	
	J. H	- 2 2021 - 2 2021





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FILED 2021 OCT 22_AM 2: 3 SECRETARY OF STA

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	Name of Limited Liability Company Show the Company Name of Limited Liability Company
The er	aclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Peincirc Christopher Name of Person
	Specifier Company Sollic"
	1181 NW 1844 Ferr
	Perolacine Pines 7133029 City/State and Zip Code City/State and Zip Code
	E-mail address: (to be used for future ahnual eport notification)
For f	urther information concerning this matter, please call:
B	Name of Person at Area Code Daytime Telephone Number
	seed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Snearber (-earhingh LLC2021 OCT 212 AM 2: 32
(Name of the Limite	ed Liability Company as it now appears on our records ORE IARY OF STATE (A Florida Limited Liability Company) FALLAHASSE, FIELD
The Articles of Organization for this Limited Lia	ability Company were filed on 3 8 20 and assigned
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of The new name must be distinguishable and contain the we	the limited liability company here:
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>
B. If amending the registered agent and/or ragent and/or the new registered office address	registered office address on our records, <u>enter the name of the new register</u> ess here:
Name of New Registered Agent: New Registered Office Address:	Christopher Bencircl 1181NW184+ Herr Enter Florida street address
	Pen DONE Pinen, Florida 3800-4 Zip Code
at the state of th	Registered Agent:

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 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>	<u>Name</u>	Address	Type of Action
UBR	Berneicl Christopher	1181 NW 1844 Ferr Permorune pines 8302	ØAdd
		<u></u>	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			Remove
			Change
			□Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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_	
f an effe Note: I	re date, if other than the date of filing:
e 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 ed.
Dated _	10/14, 2001
	Christophe Borrand Signature of a member or authorized representative of a member
	Christopher Bernard Typed or printed name of signee