3/29/2021 Division of Corporations ctrough Hilling Cover Sheet Note: Please print this page and use it as a cover sheet. Type the ax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001256343)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

16144554862

(A Florida Linuted	uny as it now appears ( Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	March 12, 2021	and assigned	i
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	oility company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited Liabi	lify Company," the des	ignation "LLC" or the abl	reviation "L.L.C"	
Enter new principal offices address, if applicable:	6244 Muamar Pa	rkway	• • •	202
Principal office address MUST BE A STREET ADDRESS)	Miramar, FL 330	23		102 HAR 219
Timeipa office dadiess messi in 100 men 1700 men				<u>-13</u> ≥20
			-1 -11	
Enter new mailing address, if applicable:	6244 Miramai Pa	rkway		3
Mailing address MAY BE A POST OFFICE BOX)	Miramar, FL 330			ب ھ
				<del></del> -
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered of egistered agent and/or registered of the new registered office address here.	office address on		the name of the	hc
Name of New Registered Agent:				
Name of New Registered Agent:  New Registered Office Address:	Enter Floria	la street address		
	Enter Floric	la street address , Florida	Zip Cock	

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:

16144554862

$ MGR = N \\ AMBR = A $	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			☐ Change
			☐ Remove
			Change
			Add   Add
			Change: 0
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			☐ Change

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Ta:	12506176323	•	•	

Page: 5 of 5

2021-03-29 12:42:47 CST

16144554862

From: James Tanks III

If amending any other information,	enter change(s) here: (Attach additione	il sheets, if necessary.)	
		·* .	2021
		يان مان مان	21 HAR
		2.5 2.5 3.5 3.5	29
		765 3 <sup>11</sup>	AH 10: 0
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Effective date, if other than the date	of filing:	(optional)	
Aft an effective date is listed, the date must be str	ecific and cannot be prior to date of filing or more ses not meet the applicable statutory filing:	e than 90 days after filing.) Pursuant to 605.	9207 (3)(b) d as the
the record specifies a delayed effe ) The 90th day after the record i	ective date, but not an effective tims s filed.	ne, at 12:01 a.m. on the earlie	er of:
March 29	2021		
	<u></u>		
Signal	ure of a member or authorized representative of	a member	
David Clark, Authorized Rep	esentative		

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