121000123616

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6/18/21



COVER LETTER

Division of Corp			
SUBJECT: //Or	Name of Linux	Construct ed Liability Company	lan Agench
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filmg.	
Please return all correspor	dence concerning this matter to	o the following:	
	<u> 104</u>	Name of Person	
	North Flord	CE Constitut Son A	geic'z
		Hille Dr	
	Jeth DI	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code Obe used for future attitual report notified	
For further information eq	oncerning this matter, please ca	II:	
Jett Pl Name of	CLU MC	at (<u>ACU</u>), <u>615</u> Area Code Daytime	7 (3 (Telephone Number
Enclosed is a check for th	e following amount:		
₩ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Cl \$55,00 Filing Fee & 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

_/Vorth /-lorien	Canst	raction	n /1987	<u>C)v</u>
/ Vorth /-/oriCn (Name of the Limited Lia) (A Flor	bility Company as it n rida Limited Liability (ow appears on o	our records.)	,
The Articles of Organization for this Limited Liability	y Company were fil	ed on <u>/ ka(</u>	ch, 26	_ and assigned
Florida document number <u>L 210001236</u>	<u>16</u> .			
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the I	imited liability cor	npany here:		
	·			
The new name trust be distinguishable and contain the words "l	Limited Liability Comp	any," the design:	ntion "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
				<u> </u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	·			
				
B. If amending the registered agent and/or registe		on our recor	ds, <u>enter the name</u>	of the new registered
agent and/or the new registered office address her	<u>e</u> :			
	 -	1 1	Cutar	
Name of New Registered Agent:	Jagger	<u> </u>	Curter	
New Registered Office Address:				
New Regimeres Assessment		Enter Florida st	reet address	
			, Florida	
	Cit			Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	d complete perford dagent as provide vered office addres	nance of my d d for in Chap	duties, and Lam fa ter 605, F.S. Or, ij	miliar with and This doc úm ent is 🦠

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

Tide AMBR	<u>Name</u>	Address	Type of Action
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior	er to date of liting or more than	(optional) n 90 days after filme i Pomoco	ni io 7415 (2207 7376
<u>lote</u> : If the date inserted in this block does not meet the appli- ocument's effective date on the Department of State's records	S		
record specifies a delayed effective date, but not an effective is filed.	time, at 12:01 a.m. on the	earlier of. (b) The 90th d	my after the
11/21/21			, ,
$100 \frac{4}{2} \frac{21}{21}$.			
(1) Istar-1	7/		-
Signature of a member or and	furized representative of a me	ember	
			•
10++1	Dlummer	-	

Filing Fee: \$25.00