K21000127355

/D-	questor's Name)	
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(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

Registration Section

TO:

Division of Corporations			
BELJOU I.	LC		
SUBJECT:	Name of Lim	ited Liability Company	.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
rease return an envespe	indence concerning this matter	to the following.	
	LOVETTE DOBSON		
		Name of Person	
	INCFILE.COM LLC		
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO	M to be used for future annual report no	titization)
For further information c	oncerning this matter, please c	·	meanony
	oneening the name, preuse c		
LOVETTE DOBSON		888 462-3453 at ()	
Name o	t Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	Tallahassee
Tallahassee, i	L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELIGHTER

BELOU	21 30H & 1 H	1: 12
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) - Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000127355</u> .	were filed on $\frac{03/18/2021}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2424 W Brandon Blvd #1047	
(Principal office address MUST BE A STREET ADDRESS)	Brandon, FL 33511	
Enter new mailing address, if applicable:	2424 W Brandon Blvd #1047	
(Mailing address MAY BE A POST OFFICE BOX)	Brandon, FL 33511	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	, Floric	la Zip Code
	× **,	Tayle Come

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 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 addor removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

AMBR = A	Authorized Member		and the state of the	
<u>Title</u>	<u>Name</u>	<u>Address</u>	21 JUN 21 PH 1: 12	Type of Action
		<u> </u>		□Add
				Remove
				□Change
				□Add
		 		□Remove
				□Change
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	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effective date is listed, the date Note: If the date inserted in the	the date of filing:	ant to 605.0207 (or be listed as t
the record specifies a delayed effector is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	day after the
Dated May 30	. 2021	
Jude-1	Signature of a member or authorized representative of a member	
Jude-Kepler Toussa	úni	
- Jude Replet Course	Typed or printed name of signee	