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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT NY	das Alaning	Strability Company	<u>, para-a</u>
The enclosed Articles of z	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	Andrenika	Name of Person	
	Shondas (1)	JUANING SUV	Be LLC
	1106 MW 40	mp Farmur RD	aw
	Showas Club	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	mation)
For further information co	oncerning this matter, please cal	n:	
Amerika Name o	Person 1	at ( <u>A04</u> ) <u>L025-L</u> Area Code Daytime	G45 Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 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)

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

2021 DEC -3 PM 3:50

Norma Suring Suring (Name of the Limited Liability Compan (A Fiorda Limited Li	ViCl LLC v as it not appears on or	SEORET ir records.) FALL	TARY OF STATE
			•
The Articles of Organization for this Limited Liability Company v Florida document number <u>L21000B1904</u> .	vere filed on 03/2	22/2021	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designat	tion "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			<del></del>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our record	ls, <u>enter the name</u>	of the new registered
Name of iven regimered rigen.			
New Registered Office Address:	Enter Florida str	eet address	· · · · · · · · · · · · · · · · · · ·
		, Florida	
	City	,	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my a	luties, and I am fa	miliar with and

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>	Name	Address	Type of Action
MAMBR	Andrenika Uchll	1106 NO Hamp Farmer	₹ 5√Add
		We CHY, FI 30055	⊡Remove
			□Change
			□ Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			⊡Remove
			□Change
			□Add
			□Remove
			OChange

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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)  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.
Dated Delumber 3, 2001  Change of a member of authorized representative of a member
Amerika Mall Typed or printed name of signee

Filing Fee: \$25.00