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(Red	questor's Name)
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(City	/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	
		8/3/21 TM

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07/15/21 -01013 QUS **25.00

21 JUL 15 PH 1: 54

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:O	Ving Em	LESSLY LLC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Vindia	Name of Person	
		Firm/Company	
	1229 Pa	rgola Dr. Address	
		City/State and Zip Code Chron L. Corn to be used for future annual report noti	frestion)
for further information co	oncerning this matter, please c		including.
Virolica C Name of	Jacobs Person	at (904) 487 Area Code Daytime	- 5687 e Telephone Number
inclosed is a check for th	e following amount:		
▼ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>i</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

	OF	21 JUL 15 PH 1:54	
LOVING Endles (Same of the Limited Light (A Flor	Sily LLC offlity Company as it no rida Limited Liability Co	ow appears on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L. 2100160685</u>	Company were file	ed on April 07, 2021 an	d assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability com	<u>apany here</u> :	
The new name must be distinguishable and contain the words "L	imited Liability Compa	any," the designation "LLC" or the abbreviation	m "L.1C."
Enter new principal offices address, if applicable:			·
(Principal office address MUST BE A STREET ADI	<u> </u>		• ***
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	 -		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address o	on our records, <u>enter the name of the</u>	e new registered
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
		Florida	
	City	Zip (,	Tode
New Registered Agent's Signature, if changing Register	red Agent:		

Thereby 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 = Ma AMBR = Au	anager ithorized Member	And Andrews	
<u>Title</u>	Name	Address 21 JUL 15 PH 1:54	Type of Action
MGR	Vancosa Castinay	500 Brantley Road	
	,	Vidalia, GA 30474	
			□Change
AMBR	Vindia Jacobs	1229 Pangola Dr	iZ/Add
		1229 Pangola Dr Jacksonville, Fl 32205	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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	Dated ₋	July 13th 2021
		1. 2
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00