## L21000167833

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	

06/16/21



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## COVER LETTER

Registration Section

TO:

Division of Cor	porations		
	PERTIES LOC		
SUBJECT:	Name of Limits	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	ntted for filing.	
	ondence concerning this matter to		
Ticase fertiliti att extreope		·	
	TERRANCE DENSON		
		Name of Person	
		Firm/Company	
	5620 COLLINS RD #214		
		City/State and Zip Code	
	TDENSON01@GMAIL.CO	M o be used for future annual report notifi	reation)
For further information	concerning this matter, please ca	11.	
TERRANCE DENSON		561 860-2376 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
<b>≘</b> \$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 & (2) Certified Constanditional copystone losed
Mailing Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations == == == == == == == == == == == == ==

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

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(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000167833</u>	were filed on 4/10/2021	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" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter th</u>	e name of the new registered
New Registered Office Address:	Enter Florida street address	
	, Flori	ida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		Ci.
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F. address, I hereby confirm that	I am familiar with and S. Orif this document is the limited liability
II Cha	nging Registered Agent, Signature of N	iew gegisieren Ageni

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	TERRANCE DENSON	5620 COLLINS RD JACKSONVILLE FL 32244	<b>=</b> Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			□ ¥्षेत्र
		- AG1 1287	□Remove
		-5 A	Change
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				$C_{2}$
			2021	
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ffective date, if other than the d	4:30,2021 ate of filing:	(opt)	ionał)	•
an effective date is listed, the date must liote: If the date inserted in this blococument's effective date on the Dep	be specific and cannot be prior to date of k does not meet the applicable state	filing or more than 90 days after atory filing requirements, th	r filing.) Pursuant to 605 is date will not be list	१.0 <u>१</u> .०७ <b>ल्ड</b> as
			2น	
record specifies a delayed effective. Lis filed.	date, but not an effective time, at 11	2:01 a.m. on the earlier of: (1	5). The 90th day afte	r the
ated 4 36 2021	12:01			
	ignature of a member or authorized rep	resentative of a member		