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(R	equestor's Name)	
(Ac	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	₩AIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	• · · · · · · · · · · · · · · · · · · ·
SUBJECT: KELLE 1 Nam	Control of Sant-tital Control of Limited Liability Company
The enclosed Articles of Amendment and fee(s)	are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
	Name of Person
	1 CHOONING CAN SCINITED BER
4135	O(U 1.St C+ Address
Bayatas	BACICIA F 1 33435 City/State and Zip Code
E-mail	address: (to be used for future annual report notification)
For further information concerning this matter.	please call:
Samue of Person	$\frac{C}{Area Code} = \frac{(50)}{Area Code} = \frac{(50)}{Asytime Telephone Number}$
Enclosed is a check for the following amount: V_i	
S25.00 Filing Fee S30.00 Filing F Certificate of	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Cornerations	Division of Corporations

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 TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 419 2021 and assigned Florida document number L21000180153 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 address on our records, enter the name of the new registers agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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.

City

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>	<u>Name</u>	Address	Type of Action
MGR	Samartha Kelley	413 SW 15+ Ct	□Add
	9	Boynton Beach, FL 33435	Remove
			□Change
M62	Samarthe Kelley	413 SN 15+ CT	X įAdd
	J	Boynton Brach, FL 33439	
			□Change
		<u></u>	□ Add
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ective date, if o	ther than the date of fi sted, the date must be specific	ling: and cannot be prior to date	of filing or more than 90 day	(optional) s after filing.) Pursua	ant to 605.020
te: If the date in: ument's effective	serted in this block does not be date on the Department (ot meet the applicable sta of State's records.	alutory filing requiremen	is, this date will no	it be listed a
cord specifies a c s filed.	delayed effective date, but	not an effective time, at	12:01 a.m. on the earlier	of: (b) The 90th	day after th
$cd = \frac{5}{4}$	14/21				
<u> Da</u>	17/1/2 / Signature of	of a menuber or authorized r	epresentative of a member		
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