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(Re	equestor's Name)					
(Ad	ddress)					
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(Ci	ity/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL				
(В	usiness Entity Name	e)				
(Document Number)						
Certified Copies	Certificates o	of Status				
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JUN 17 2021

COVER LETTER

TO: Registration Section

Division of Cor	porations	,	
SUBJECT:	Name of Lim	ited Liability Company	· ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
riease return all correspo	ndence concerning this matter	to the tonowing.	
	Sanort	ra Thon	nas
		Firm/Company	
	3810 h). Robinson	<u>S</u> ‡.
	<u>Orlando</u>	FL 3280	5
	Knoth H E-mail address: (FL. 3280 City/State and Zip Code EAC KUT QC to be used for future annual report no	mail. com
For further information co	oncerning this matter, please ca		
Sanortra Name o	Thomas	at (321) 697 Area Code Daytin	- 25 2 7 ne Telephone Number
Enclosed is a check for th	e following amount:		
1 \$25.00 Filing Fee	☐ \$30.00 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	Section	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Co The Centre of	
Tallahassee, I			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Knoth, Head	1 Kutz	202,	2HAY 10 AH	7: 50
	A Florida Limited Liabili	1	, ,	
The Articles of Organization for this Limited Lia	ibility Company were	filed on $4/2$.	2/2021	and assigned
Florida document number <u>0003647</u>	1 - 1 & 1 3 0			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability o	company here:		
The new name must be distinguishable and contain the we	ords "Limited Liability Co	mpany," the designation	on "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	ble:			·
(Principal office address MUST BE A STREET	TADDRESS)	 -	· -	<u> </u>
	_			<u> </u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE E	<u> </u>	<u>.</u>		
B. If amending the registered agent and/or re agent and/or the new registered office address		ss on our records:	, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	Sanor	ra Thor	nas	
New Registered Office Address:	3810	Enter Florida stree	OINSON et address	Street
		do	, Florida	3.780.5 Zip Code
	(City		Lift Cour.

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.

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	anager ithorized Member		
<u>Title</u>	<u>Name</u>	Address 2022 HAY 10 AM 7: 50	Type of Action
MGR	Sanor-fra Thomas	3810 W. Robinson	St. MAdd
		Orlando, Fl. 32805	□Remove
		- 	□Change
AMBR	Sanortra Thomas	3810 W. Robinson	ØAdd
		orlando, Fl. 32805	Remove
			Change
			□Add
			□Remove
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(If an effect <u>Note:</u> If	tive date is listed, f the date inserte	than the date on the date must be speed in this block dock e on the Departmo	ific and cann is not meet t	he applicable				iling.)		
the record : ford is filed		ed effective date,	out not an e	ffective time	, at 12:01 a.n	n, on the earli	er of: (b)	The	90th day after	the
Dated _	May,	6	96	1021 Lomas	· }					
			v	er or authorize		ve of a member			_	
		\leq	lnor	+0	Th	omas	· <u>·</u>			

Filing Fee: \$25.00