## L21000190811

<del></del>	(Requestor's Name)	
<u> </u>	(Address)	· -
	(Address)	<del></del> -
	(City/State/Zip/Phone #)	
_	_	_
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	tatus
Special Instructions	to Filing Officer	
Special insurctions	s to Filling Officer.	

Office Use Only 66/21/21 5. C.



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## **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	rporations		
		, coaching	
SUBJECT: <u>Balanc</u>		ited Liability Company	
,			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rebecca Benton		
		Name of Person	
	<u> </u>	Firm/Company	
	10299 Cypress K	nee Circle	
		City/State and Zip Code  Olive - com to be used for future annual report notification)	
For further information c	concerning this matter, please co	all:	<i>(,</i> )
Reberca Bento	Ω	at ( <u>580</u> ) <u>799 - 4624</u>	2021
Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for the	he following amount:		> 7
₩ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status R
Mailing Addres Registration 5		Street Address: Registration Section	
Division of C		Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	n
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810	J

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabi	ility Company as it now appears on our records.) ida Limited Liability Company)
(**************************************	
The Articles of Organization for this Limited Liability	Company were filed on 4.23.202\ and assigned
Florida document number <u>La 10001908 II</u>	·
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lin</u>	mited liability company here:
The new name must be distinguishable and contain the words "Lit	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADD	DRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
3. If amending the registered agent and/or registere	red office address on our records, enter the name of the new regis
gent and/or the new registered office address here:	
	> . <del>-</del>
Name of New Registered Agent:	
Naw Registered Office Address	<del>1.</del> 2
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin Code

## 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 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
AMBR	Rebecca Benton	10299 Cypress Knee circle	[ <b>X</b> Add
		Orlando FL 32825	□Remove
			□Change
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	( Air D
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or molote: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	(optional) re than 90 days after filing.) Pursuant to 605.0 requirements, this date will not be listed
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 1 is filed.	n the earlier of: (b) The 90th day after t
ated May 12	
Aubecca Denton Signature of a member or authorized representative of	