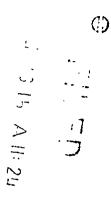


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08/16/21--01020--006 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

ABA Realt				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ndence concerning this matter			
	Alex Adams			
		Name of Person		
	N/A			
		Firm/Company		
	496 Misty Oaks Run			
		Address		
	Casselberry, FL 32707			
		City/State and Zip Code	<u> </u>	
	alex.adams2121@gmail.com			
	E-mail address: (to be used for future annual report notification	on)	
For further information c	oncerning this matter, please ca	all:		
Alex Adams		786 554-0353		
Name o	f Person	at () Area Code Daytime Tel	ephone Number	
Enclosed is a check for th	ne 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 (1) (additional copy is enclosed)	()
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Torporations 7	Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe St Tallahassee, FL 323	ntions hassee reet, Suite 810	J

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on our records.) ited Liability Company)			
pany were filed on $\frac{05/20/2021}{}$ and assigned			
liability company here:			
Jability Company," the designation "LLC" or the abbreviation "L.L.C."			
496 Misty Oaks Run			
Casselberry, FL 32707			
496 Misty Oaks Run			
Casselberry, FL 32707			
fice address on our records, enter the name of the new registered			
			
Oaks Run			
Enter Florida street address			
Y Florida 32707 Zip Code 5			
City Zip Code Dent:			
agree to act in this capacity. I further agreets comply with the olete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is ffice address, I hereby confirm that the limited liability			
, i			

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
President	Alex Adams	496 Misty Oaks Run	Add
		Casselberry, F1. 32707	Remove
			□ Change
MGR Alex Adams	Alex Adams	496 Misty Oaks Run	
		Casselberry, FL 32707	□Remove
			□Change
			□Remove
			□Change
			□Add
			É ☐Remove
		<u>.</u>	Change
			N □ Remove
			□Add
			□Remove
			□Change

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			8/13/2021			;	
	date, if other than the ive date is listed, the date in			nte of filing or more	(option: than 90 days after file	il) ng.) Pursuant t	o 605 ₃ 0207
an effecti		block does not mee	et the applicable	statutory filing re	quirements, this da	ate wilknot b	e list e d as
an effecti fote: If	the date inserted in this b	, -				∓: 22 The 90th day	-*
an effecti <u>fote:</u> If	the date inserted in this b I's effective date on the l					12	
an effecti <u>(ote:</u> If ocument	's effective date on the l	ve date, but not ar	r effective time.	at 12:01 a.m. on t	he earlier of: (b)	The 90th day	after the
an effecti Sote: If locument record s	i's effective date on the l pecifies a delayed effecti	ve date, but not ar	i effective time.	at 12:01 a.m. on t	he earlier of: (b)	The 90th day	after the
`an effecti <u>Sote:</u> If locument	i's effective date on the l pecifies a delayed effecti	ve date, but not ar	effective time.	at 12:01 a.m. on t	he earlier of: (b)	The 90th day	after the

D.

Filing Fee: \$25.00