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## **COVER LETTER**

TO: Registration Section Division of Corporation	s				
subject: <u>best</u>	Name of Limite	d Liability Company	UC		
The enclosed Articles of Amendm	ent and fee(s) are submi	itted for filing.			
Please return all correspondence co	oncerning this matter to	the following:			
	Jenny	Same of Person			
6	est Quali	Hesott Firm/Company	FL UC	, . <u> </u>	
<u>30</u>	31 Parkt	ose Or  Address			JIVISION OF 22 AUG 1
	Xlando,	FL 328 City/State and Zip Code	24.		: п · · ·
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For further information concerning	this matter, please call	:			,
Jenny Gon Name of Person	NET	at ( <u>407</u> ) <u>90</u> Area Code I	Daytime Telephone N	Kumber	
Enclosed is a check for the followi	ng amount:				
	.00 Filing Fee & ertificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed	Ce di Ce	0.00 Filing Fee, entificate of Statu entified Copy ditional copy is ench	
Mailing Address: Registration Section		<u>Street Addr</u> Registratio			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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 and assigned 21000238282 Florida document number 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 registered 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.

Cin

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
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		Orlando, fl 32824	Remove
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