## 121000247176

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	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:			
	Sandy Ferrari, Legal Assis	tant			
		Name of Person			
	Kickham Hanley PLLC				
		Firm/Company			
	32121 Woodward Avenue.	Suite 300			
	Address				
	Royal Oak, MI 48073				
		City/State and Zip Code			
	sferrari@kiekhamhanley.co				
	E-mail address: (	to be used for future annual report noti	tication)		
For further information c	oncerning this matter, please c	all:			
Sandy Ferrari		248 544-1500 at ( )			
Name of Person		at () Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$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)		
<u>Mailing Addres</u> Registration	Section	<u>Street Address:</u> Registration Se			
Division of C	· · · · ·	Division of Cor The Centre of T	-		
P.O. Box 632 Tallahassee,			e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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- -			ess on our records, <u>enter the n</u> Enter Florida street address		ess on our records, enter the name of the new

## 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.

Cmv

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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			□Remove
			□Add
			□ Remove
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Other provisions, if any:				
THE LIMITED LIABILITY CO	MPANY SHALL BE MANAGED	BY ONE OR MORE MA	NAGERS	
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etive date, if other than the date effective date is listed, the date must be 1 If the date inserted in this block ment's effective date on the Depa	ate of filing:  c specific and cannot be prior to date of the does not meet the applicable status artiment of State's records.	(opt filling or more than 90 days afte tory filling requirements, th	<b>ional)</b> er filing.) Pu iis dat <b>e</b> wi	ursuant to 69 H not be H
ord specifies a delayed effective d filed.	late, but not an effective time, at 12	:01 a.m. on the earlier of: (	b) The 9	0th day af
d	. 2021			

Filing Fee: \$25.00