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PICK-UP WAIT MAIL
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(Document Number)
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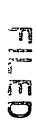


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06/03/21--01005--002 \*\*25.00

JUN 03 2021



## **COVER LETTER**

TO: , Registration Section Division of Corporations	
SUBJECT: Klly Kname of Limit	ted Liability Company J. L.C.
The enclosed Articles of Amendment and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
Rennai & Kelly K	Palmer-Kelly Name of Person Holdings Firm/Company
	Address
·	
Renual address: (to	City/State and Zip Code  Wy Right Humber Company  o be used for future Innual report notification)
For further information concerning this matter, please ca	all:
Renai kelly Name of Person	at (\$50) 528-5843  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

QF ...

V V V	Holdings	
hely hoigh	it'LLL	
(Name of the Limited Liability Comp. (A Florida Limited	pany as it now appears on ou Liability Company)	u <u>r records.</u> )
The Articles of Organization for this Limited Liability Compan	y were filed on _5	$\frac{28}{202}$ and assigned
Florida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designat	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u></u>	F = "1
		· ω (
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	70.	, Florida Zip Code
	City	zip 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
MAR	Rennai	Palmer-Kelly	2912 Edindery Dr Talkehusse FL 32309	
		J	Tallahasse FL 32309	□Remove
				XChange
				□Add
				□Remove
				□Change
				□Remove
				□Change
				🗆 Add
				□Remove
				□Change
	<del></del>			□Add
				□Remove
				□Change
	-			□Add
				□Remove
				□Change

Effective 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 more than 90 days after filing.) Pursuant to 605 0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.  The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed.  Signature of a member or authorized representative of a member		
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