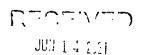
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Special Instructions to Filing Office	er:

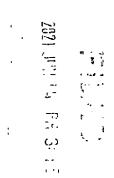
Office Use Only



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06/15/21--01015--025 **25.00



COVER LETTER

TO: Registration Section Division of Corporation	ons		
SUBJECT:	JLP7917	ill	
	Name of Lim	ited Liability Company	
The enclosed Articles of Amend	ment and fee(s) are sub	mitted for filing.	
Please return all correspondence	concerning this matter	to the following:	
_	Michelle	Hav pc V Name of Person	
	Murphy ? P	Devalund, PLLC Francompany	1006 714
_	101 Dougla	S Avenue, Suite	1006
	Altamonte	Springs, FL 32 Clty/State and Zip Code	714 5
	Michelle & E-mail address: 40	Murphy hevalund to be used for future annual report notifi	Cation)
For further information concerni	ng this matter, please or	all:	
Michall Han	per	at (<u>467</u>) <u>QUS-</u> Area Code Daytime	- 955 3 Telephone Number
Enclosed is a check for the follo	wing amount:		
	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)
Mailing Address: Registration Section	1	Street Address: Registration Sec	tion
Division of Corpora		Registration Sec Division of Cort	
P.O. Box 6327		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	pears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>LZ1000 W8697</u> .	06/09/2071 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	
The new name must be distinguishable and contain the words "Limited Liability Company," t	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- 29
(Principal office address MUST BE A STREET ADDRESS)	
- <u></u>	
	٠., ب
Enter new mailing address, if applicable:	٠ ن
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	r records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Florida street address
v.nter	r toriaa street aaaress
	Florida Zip Code
New Registered Agent's Signature if changing Registered Agent	ząr Coue

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 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>	Name	Address	Type of Action
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effective date is	other than the da	e specific and c	annot be prior to	date of filing o	r more than 90 da	(optional) ys after filing.) I	ursuant to 605,020
e: If the date ument's effect	inserted in this block ive date on the Depa	t does not me urtment of Sta	et the application in the street application	ole statutory ti	ling requiremen	nts, this date w	ill not be listed a
ford specifies	a delayed effective da	ate, but not a	n effective tim	ie, at 12:01 a.i	n. on the earlie	rof: (b) The	90th day after the
filed.	10 10		7271				
filed.	1117 10	•	7.021	_ ·			
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s filed.	•			,	ive of a member		, Esq. n-Fact