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COVER LETTER

TO:

Registration Section

Division of Corp	oorations		
SUBJECT: April	r-Franklin ar	nd Company, LLC.	
NOBILETT-	Name of Lim	nd Company, LLC. ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
		-	
Please return all correspoi	idence concerning this matter	to the following:	
	Natasr	Name of Person	
		Name of Person	
	Abrer Fr	ranking Company	y LLC
		Firm/Company /	
	13901 Fe	fesco street	
	7 7070	Address	
		- Am	
	Miam	r, FL 331710. City/State and Zip Code	
	Tacas	Chyzsiaic and zapie ode	1.000
	E-mail address: (INKIN 7189@gmay	ntilication)
For further information co	oncerning this matter, please ca	all:	
Natashaz	toner	at (<u>78@</u>) <u>504 –</u> Area Code Dayti	<i>4316</i>
Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed?	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of Co		Registration S Division of Co	
P.O. Box 632		The Centre of	•
Tallahassee, F	EL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 SEP -3 AH 4:58

Abner-Frankinan	of Company	, LLC.	2021 SEP -3	AH 4:58
(Name of the Limited Liab	i <mark>lity Company as it ho</mark> ida Limited Liability Co	w appears on our recomments)	rdkØEORE IARY TALLAHASSE	OF STATE E. FLORE
The Articles of Organization for this Limited Liability	Company were file	d on (0/11/2	<u>/</u> .	ınd assigned
Florida document number <u>L 210002718/2</u>		, ,		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability com	pany here:		
The new name must be distinguishable and contain the words "Li	imited Liability Compa	ny," the designation "1.1	.C" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADL	ORESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or register agent and/or the new registered office address here		on our records, <u>ente</u>	r the name of t	he new registered
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida street addr	288	
	•			
	City	F	Tlorida Zij	2 Code
New Registered Agent's Signature, if changing Register	•			

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. Thereby 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>	<u>Address</u>	Type of Action
4MBR/KP	Jasmine Anderson	13901Jeffeson street	□Add
		M1am1, FL 33174	@ Remove
			□Change
MGE	Jasmine Anderson	139DI Jefferson Street	~ Add
		Miami, FL 33174	□Remove
			□Change
			□Add
			DRemove
			□ Change
			🗆 Add
			□Remove
			□ Change
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			□Change
			□Add
			□Remove
			□Change

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an effective date is I Sote: If the date in	other than the date of filing:
record specifies a Lis filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
ated <u>Aug c</u>	Signature of a number of a unthorized representative of a member
	Natasna L. Abne / Typed or printed name of signee