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Office Use Only



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21 AUG 20 FH 12: 30

COVER LETTER

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TO:

Registration Section Division of Corporations

SUBJECT: <u>E</u> X	eptional Bu Name of Lim	ilding Servic	es
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Shaw	Name of Person	<u></u>
		Firm/Company	
	130 S. A	Massachustes Address	Ave Suite 502
		City/State and Zip Code Zib 54@9 Ma to be used for future annual report notif	
For further information co	oncerning this matter, please ca	all:	
Shawn Name of	Szabo	at (<u>963</u>) 337 Area Code Daytimo	-8488 Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tailahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 AUG 20 PH 12: 30
Liability Company as it now appears on our records.)
Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Aug 15, 2021 and assigned Florida document number L2\000260181 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 "L.L.C." 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.

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address 21 AUG 20 PH 12: 30 Type of Actio	<u>n</u>
MGR	Wolford, Donald E	130 South Massachusetts DAdd	
		AVE SUITE 502 Remove	
		Lakeland FL, 3380 Ochange	
MGR	Szabo, Shawn A	130 South Mussachusetts Mad	
		Ave suite 502. Remove	
		Lakeland FLy 33801 Ochange	
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ective date, if other than the date of filing: Aug 200 (optional) effective date is listed, the date must be specific and cannot be proor to date of filing or more than 90 days after filing.) Pursuant to 605.6 E. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed unment's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after		21 AUG 20 PH 12: 30
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