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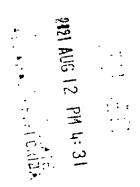
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration A. Ellis Officer
Special Instructions to Filing Officer:

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08/12/21--01012--013 **25.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appea liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company			and assigned
Florida document number <u>L21000284828</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company h	nere:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the	designation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		-	235
		· · · · · · · · · · · · · · · · · · ·	6
Enter new mailing address, if applicable:			, (O
(Mailing address MAY BE A POST OFFICE BOX)		·	3
			<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our	records, enter the name	of the new registered
Name of New Registered Agent:			
			
New Registered Office Address:	Enter Flo	orida street address	-
		Florida	
	Enter Florida strect address	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance o provided for in	of my duties, and I am fo Chapter 605, F.S. Or, (uniliar with and if this document is

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
AMBR	OLGIENS DORTELUS	456 CHEYENNE DRIVE LAKE WORTH FL.33462	≣ Add
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fective date, if other than th	e date of fili	ing:			(o	ptional)		
n effective date is listed, the date mu te: If the date inserted in this b	ist be specific a	and cannot be r	orior to date c	f tiling or mo	e than 90 days a	after filing.) Pur	suant to 60 not be lis	5.0201 ited as
cument's effective date on the I	Department of	f State's reco	ords.		· • ¬ • · · · · · · · · · · · · · · · ·			
ecord specifies a delayed effecti is filed.	ve date, but n	iot an effectiv	ve time, at 1	2:01 a.m. o	the earlier of	: (b) The 90	th day aft	er the
07/12/2021		11:00						
ted	<u>,</u>							
		a member or a						

Filing Fee: \$25.00