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COVER LETTER

Division of Con			•	
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SUBJECT: VOU	ie's Coukier	THE		
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amandmant and fac(a) are sul			
The enclosed Afficies of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	. // 2	·> /.		
	Tynclon D.	Daker SR. Name of Person		
	1	Name of Person		
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	6 Tundom (a)	to be used for future annual rep		
	E-mail address: (to be used for future annual rep	port notification)	
For further information c	oncerning this matter, please c	all:		
		at ()		
Name o	f Person	at () Area Code	Daytime Telephone Number	
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	-	D Ass as pure		
12 323.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status	R.
		(additional copy is enclose	ed) Certified Copy	
			(additional copy is enclose	2d)
Matthew Add				
<u>Mailing Address</u> Registration S		Street Addi Registrati	ress: on Section	
Division of C			of Corporations	
P.O. Box 632	7	The Centr	e of Tallahassee	
Tallahassee, F	FL 32314		Monroe Street, Suite 810	
		\ Tallahasse	ee. FL 32303	
			/	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

dain's lauring of the
(Name of the Limited Liability/Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 6/24/2/ and assigned Florida document number 21000 29 29 75.
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 "LLC."
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
, Florida
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 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
AMBR	Tynclow D. Baker, SR.	260 June Pine Drive	□Add
		Address 260 Janel Pine Drive Lidinary 77, 32343	□Remove
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lf an effectiv Note: If th	date, if other that we date is listed, the date inserted in s effective date on	ate must be specif this block does	fic and cannot be pr not meet the app	licable statutory fi	r more than 90 days	optional) after filing.) Pursua , this date will no	nt to 605.0207 t be listed as
record spe d is filed.	ecifies a delayed e	ffective date, bu	ut not an effective	e time, at 12:01 a.r	n, on the earlier o	of: (b) The 90th of	lay after the
Dated 7	1/10/21	3	Dalu	thorized representat			
		Signature	or a member of au	mogracu representat	ve of a member		