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(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

TO: Registration Sectorial Division of Corporation			
SUBJECT: JANK	Fer MCGire	por ILC	
SUBJECT: VIENT	Name of Limi	ited Liability Company	20:
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	2023 JUH 2 I
Please return all correspond	dence concerning this matter (to the following:	.`
·	_ Jennife	Name of Person	<u>√</u>
	INTAANA	•	
	Y LOKE V X I	Firm/Company	
	2012 Cam	Obnidal Park I)r
	GUHBI Jenniferma E-mail address: (1	City/State and Zip Code WYWYYYAHOY to be used for future annual report notific	S63 Damail.com
For further information cor	ncerning this matter, please ca	all:	J
Jenn fer 1 Name of 1	MCG CCG CV	at (720) 427 - Area Code Daytime	7385 Telephone Number
Englosed is a check for the \$25.00 Filing Fee	following amount: \$\Bigsiz\$ \$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 Se Division of Co	ection	Street Address: Registration Sect Division of Corp	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUN	
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The Articles of Organization for this Limited Liability Company were filed on June 30 2021 and assigned Florida document number L210003/144 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

, Florida

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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