## 121000318057

(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	_
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## COVER LETTER

Registration Section

TO:

Division of Corporations	
CURRECT. NON STOP PRODUCTION	• SEDVICES II C
SUBJECT: NON-STOP PRODUCTION Name o	f Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Corr	porate Maintenance Lead
	Name of Person
Pı	rocessing Department
	Firm/Company
	1450 Vassar St
	Address
	Reno, NV 89502
	City/State and Zip Code
	rndocs@incauthority.com
	ress: (to be used for future annual report notification)
For further information concerning this matter, plea	ase can:
Processing Departmen	
Name of Person	Arca Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☑ \$25.00 Filing Fee ☑ \$30.00 Filing Fee & Certificate of State	
MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2021 AUG 30 PM 2: 09

SECRETARY OF STATE TALL AHASSEE, FL. 5

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(A Fronce Elability Company)	
The Articles of Organization for this Limited Liability Company were filed on 07/12/21 and a	assigned
Florida document number <u>L21000318057</u>	
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:	<del></del>
(Principal office address MUST BE A STREET ADDRESS)	
	<u> )</u>
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	a of the nor
	e m the ne
registered agent and/or the new registered office address here:	
registered agent and/or the new registered office address here:	
2	
Name of New Registered Agent:	
^ ^ -	
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	<u></u>
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	<u></u>
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	<u></u>

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
MGR	Alethia Tarver	2781 S Oakland Forest Drive Apt 102	Ø Adé
		Fort Lauderdale, FL, 33309	Remove
			🗆 Add
		Remove	
		D Change	
		Remove	
		Change	
		O Add	
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		Remove	
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	<u> </u>		O Add
		🖸 Remove	
			Change

D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	
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<del></del>	
(If an effective Note: If the	ate, if other than the date of filing:  date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207 (3)(a date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
f the record b) The 90tl	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: n day after the record is filed.
Dated	8/ 15/ 2021,
-	Signature of member or authorized representative of a member
	June Towns
_	Typed or printed name of signee

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Filing Fee: \$25.00