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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
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Special Instructions to Filing Officer:
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A fac amendment was issued to
Correct the problem.

Office Use Only

MIM 7/20/21



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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	ст: <u>VV</u>	Name of	CATE 13 OUT QUE of Limited Liability Company	LLC	
The enc	losed Articles of .	Amendment and fee(s) are	e submitted for filing.		
Please r	eturn all correspo	ndence concerning this mi	atter to the following:		
			Name of Person		
			Firm/Company	<u>.</u>	
			Address		
			City/State and Zip Code		
For furtl	ner information co	E-mail addre	ess' (to be used for future annual report noti		<u>۲</u>
13		chambers	5 ar (818) 624	e Telephone Number	
Enclosed	d is a check for the	e following amount:		Service Servic	
□ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		Sectificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	
	St. Han t Man		Co		

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Co		and assigned
Florida document number <u>L21000325318</u>	<u>`</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limite	utique LLC	
	ed Liability Company, the designation "LLC" or the abbri	eviation "L.I. C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<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 agent and/or the new registered office address here:		of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address.		202
	Enter Florida street address - E	70 [1]
	City	Yap Code
New Registered Agent's Signature, if changing Registered a	Agent:	₽- -
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age, being filed to merely reflect a change in the registered company has been notified in writing of this change.	inplete performance of my duties, and I am fam ent as provided for in Chapter 605, F.S. Or, if t	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

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(li'an eff <u>Note:</u>	ive date, if other than the date of filing:			
if the recorrecord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The led,	90th day :	ifter the	
Dated	July 19, 2021			
	Signature of a member or authorized representative of a member		•	