L21000336481

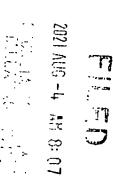
(Re	equestor's Name)	
(Ad	idress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	Demie Sir	ICA LLC ited Liability Company	·············		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Demie	Swinson Name of Person			
		Firm/Company			
	11520 NU	U 40th St.	·		
	Coval Spri	MS FL 3306 ChyState and Zip Code	5		
	demie Sulv E-mail address:	SUN Q AMAIL C to be used for future annual report notific	cation		
For further information	concerning this matter, please ca	all:		2021 /	
Demie Name o	SWINSON Of Person	at (<u>954</u>) <u>235</u> Area Code Daytime	- XII3 Telephone Number	2021 AUG -4 A	27.20
Enclosed is a check for t	the following amount:		73 173	н 8: 0 7	J
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of S Certified Copy (additional copy i	Fee. Status & v	

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 (A Florida I.	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability ConFlorida document number <u>L21000331048</u>	!	2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 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 (office address on our records, enter the	name of the next registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		1
New Registered Office Address:	Enter Florida street address	0
	, Florid	a
	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 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	Demie Swinson	11520 NW 40th St.	/B Add
		1520 NW 40th St. Coral Springs, Fl 3301	<u>ø</u> 5⊡Remove
			□Change
			🗆 Add
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			Remove
			□Change

If amending any other information, enter change(s) here: (Attach additional sheets. if	
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	optional) after filing.) Pursuant to 605.0207 (s, this date will not be listed as t
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ord is filed.	of: (b) The 90th day after the
Dated	
Typed or printed name of signee	