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S. PRATHER

COVER LETTER

Division of Corporations
SUBJECT: Fingu Sowe Gratka S.F.B Wollings LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Michael Leonard jo
Firm/Company
6300 Pelacan Bay Blow 204
City/State and Zip Code ileung their 12-29 @ smail.com E-may address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Solv Michael Leonardir at 773 550-2954 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigsquare \text{\$30.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\Bigsquare \text{\$Certified Copy (additional copy is enclosed)}} \$\Bigsquare \text{\$60.00 Filing Fee.} \text{\$Certified Copy (additional copy is enclosed)}}

Mailing Address:

Registration Section

. TO:

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

-1

1022 1022
(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 7-30-20 and assigned and assigned Torida document number 221000344.884
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)
3. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> gent 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 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
MGP	John Michael Leonard	6300 RélicanbayBlue Naples Fr 34108	[\$\ddi
	7	Naples F1 34108	🗆 Remove
			Change
AMBR	John M. Leunard	6300 Pelican Bay Blvo?	□Add
		Naples Fr 34108	□Remove
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ctive date, if other than the date	e of filing:	2021 "	ontional)
Rective date is listed, the date must be s : If the date inserted in this block of	specific and cannot be prior to date (of filing or more than 90 days	after filing.) Pursuant to 605
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Sign	nature of a member or authorized re	presentative of a member	FLOR TELOR