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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Terell Killings PA CCC 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:
Terell Killings Name of Reason
Terell Killings PALLC Wron/Company
9107 SW 34 C+
•
MIRAMAR, FL 33025 City/State and Zip Code + erell. Killings Ogmgil. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Terell Killings at (305) 336 007 5 Name of Person at (305) Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status & Certificate

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 F

2022 JAN 24 AM 7: 37

lerell Killings 1	ALLC SECONDARY OF	"
(Name of the Limited Liability Compan (A Florida Limited Lia	v as it now appears to our records! ability Company) IALLASS \St	E. FL
The Articles of Organization for this Limited Liability Company v Florida document number <u>L2100035949</u> 5		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil		
The new name must be distinguishable and contain the words "Limited Liabili	· · · · -	
Enter new principal offices address, if applicable:	9107 SW 340	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	9107 SW 340 Miramar, FL 3	3025
	,	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9107 SW 340 Miramar, FL 32	3025
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter tl</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	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 At thorized 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
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			□Remove
			Change
			□Add
			Пенюve
			☐ Change
			□Add
,			□ Remove
			Change
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record spec l is filed.	cifies a de	layed effect	ive date, but	l not an e	effective t	ime, at 12:	OF a.m. on t	he earlier of; (b) The 90th day	after the
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