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8/27/21

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor						
SUBJECT:	- Talented Name of Lim	Ta. June LL (
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
		Name of Person				
		Firm/Company				
		Address				
		City/State and Zip Code				
		to be used for future annual report noting	fication)			
For further information co	oncerning this matter, please c	all:				
Name of	f Person	at () Area Code Daytime	c Telephone Number			
Enclosed is a check for th	ne following amount:					
\$\$ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres Registration S		Street Address: Registration Sec	ction			
Division of C P.O. Box 632	orporations	Division of Corporations The Centre of Tallahassee				
1.0.000.002	1	THE CORRECTE	ananasce			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	> 1 A. Jurs CC2021 AUG 18 PM 12: 54
(Name of the Limited Liab (A Flor	a Limited Liability Company) SECRETARY OF STATE JALLAHASSES, FL Company were filed on
The Articles of Organization for this Limited Liability	Company were filed on $\frac{8-11-\nu v}{}$ and assigned
Florida document number <u>L2/00436/</u>	LLS
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	nited liability company here:
The new name must be distinguishable and contain the words "L	nited 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 AD	RESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registe gent and/or the new registered office address here	ed office address on our records, enter the name of the new registe
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
MGRM	Selas Bardhyl		□Add
			l y Remove
			Change
V68~	Selas, Nertila	5400 Sontherly WA	∠ 5×4dd —
	Last Name, First NAME	5400 Southerly WAS	□Remove
			□ Change
			DAdd
			□Remove
			□Change
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n effectiv <u>te:</u> If th	date, if other the date is listed, the ne date inserted in seffective date o	date must be spe n this block do-	cific and cann es not meet t	ot be prior to d he applicable		ore than 90 day		
cord sp s filed.	ecifies a delayed	effective date,	but not an e	ffective time,	at 12:01 a.m.	on the earlier	of: (b) The 9	0th day after the
ted	8/13		, ; <u>2</u>	-02/	_			
		11/	25	<u></u>	<u> </u>	A .		
		Signan	ire of a memb	er or authorize	d representative	of a member		