## 121000369516

(Requestor's Name)
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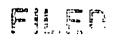
## **COVER LETTER**

TO:	Registration Sect Division of Corp		,	· ;	•
SUBJE		Management LLC		r	
SODJE		Name of Lim	ited Liability Company		
The enc	losed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspon	dence concerning this matter	to the following:		
		Gary Bloome			
			Name of Person		<del> </del>
		Gary Bloome PA			
			Firm/Company		
		9148 Glades Road			
		<del></del>	Address		
		Boca Raton, FL 33434			
			City/State and Zip Code	<u> </u>	
		gbloome1@gmail.com			
		E-mail address: (	to be used for future annua	l report notification	on)
For furth	er information cor	ocerning this matter, please ca	all:		
Gary Bl	oome			77-8 <b>0</b> 99	
	Name of I	erson	at () Area Code	Daytime Tele	phone Number
Enclosed	I is a check for the	following amount:			
	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:		Street A	address:	

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

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



2021 NOV 24 PM 3: 48

		<u> </u>		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on imited Liability Company)	our records:) L O O		
The Articles of Organization for this Limited Liability Cor Florida document number L21000369516	npany were filed on August	17, 2021 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here:			
The new name must be distinguishable and contain the words "Limite	d Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>			
	<del></del>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:	office address on our recor	ds, enter the name of the new registe		
New Registered Office Address:				
	Enter Florida street address			
	·	, Florida		
	Cuy	, Florida Zip Code		
New Registered Agent's Signature, if changing Registered A	•	, Florida Zip Code		

If Changing Registered Agent, Signature of New Registered Agent

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Bryan Williams	3801 N University Drive	<b>≣</b> Add
		Sunrise, FL 33351	
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		<del></del>	
			□Remove
			□Change
<del></del>			□Add
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			<u> </u>	J-1	
ective date, if other than the confective date is listed, the date must te: If the date inserted in this blockument's effective date on the Department.	ck does not meet the	applicable statuto	ing or more than 90 ory filing requirem	(optional) days after filing.) Pur ents, this date will	suant to 605.0207 not be listed as
cord specifies a delayed effective s filed.					th day after the
November 19	2021				
1 /	<u>-</u>	<del></del> -			
ed November 19  Thurs Wilson	Sa	·····			

Filing Fee: \$25.00