Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone

: (844)386-0178 Fax Number ; (214)317-4754

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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To: 18506176383 From: 14693173436 Date: 08/25/21 Time: 3:49 PM Page: 02/04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000373236</u>	were filed on 08/19/2021	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."				
Enter new principal offices address, if applicable:	1766 Cape Coral Parkway E. Unit 101					
(Principal office address MUST BE A STREET ADDRESS)	Cape Coral, FL 33904					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1766 Cape Coral Parkway E, Unit 101 Cape Coral, FL 33904					
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>enter</u> e:	the name of the no				
Name of New Registered Agent:						
New Registered Office Address:	Emer Flonda street address , Florid a	22 6 AM				
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Coden				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further ag performance of my duties, and I am p provided for in Chapter 605, F.S. Or.	familiar with and - if this document is				

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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	4441010000104000000
AMBR =	Authorized Member	(((11210003196273)))

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Rachel Bortz	905 Ferneroft Ct	
		Roswell, GA 30075	■ Remove
			Change
AMBR	Greg Ginaven	1766 Cape Coral Parkway E	
		Unit 101	□ Remove
		Cape Coral, FL 33904	□ Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			□ Change
	. ,		Add
	(((H21000319627 3)))		Remove
			Change

If amer	nding any other info	mation, enter change	e(s) here: (Attach addit		ressary.) 0031962	7 3)))	
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docume	ent's effective date on the	ne Department of State's	records.				
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	Greg Ginaven	·] [] []	بو.	

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Filing Fee: \$25.00

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