L21000378742

(Requestor's Name)	
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2021 OCT 14 AM 9: 12 SECRETARY OF STATE

COVER LETTER

IO: Registration Section Division of Corporations			
SUBJECT:	MEBKNQ		
	Name of Limited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.		
Please return all correspon	ndence concerning this matter to the following:		
	Grapplo Sull Van		
	Firm/Company		
	3001 N Davs Hwy		
	Address ' /		
	Pensucia F(32503		
	/ City/State and Zip Code		
	E-mail address: (to be used for future annual report notification)		
For further information co	incerning this matter, please call:		
	at (850, 208 2110		
Name of	Person Area Code Daytime Telephone Number		
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

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

OF FILED 2021 OCT 14 AH 9: 12 Imited 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 -210003787 Florida document number L 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

Named In Prygr

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
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		 	□ Remove
			Change
			□Add
			□Remove

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe	ve date, if other than the date of filing:
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	October 11, 2021.
	Signature of a member or authorized representative of a member
	Dance Do Sin 1 Ovan