421000381282

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300372469383

RECEIVED SEP 0 7 2021

05/08/21--01013--001 ++25.00



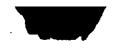
01:01

COVER LETTER

TO: Registration Sec Division of Corp	oorations	,	
SUBJECT:	Joseph	Lee Cou	NSEMA
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	<u>J</u>	DSCN LEE Name of Person	<u>-</u>
•		EM Lee (OU)	
••.	2 Hersi	2 Drive Address	
	Boynton Joseph E-mail address: (Scach FL 32 City/State and Zip Code Cel Conschere Company Code to be used for future annual report note	0435 Damailicom
For further information co	ncerning this matter, please ca	**	
JOSEPH Name of	Person	at (<u>S</u> (<u>d</u>) <u>557</u> -	- OSUS e Telephone Number
Enclosed is a check for the	e following amount:		
₾\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 6327	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
Tallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Articles of Organization for this Limited Liability Company were filed on 2100028 Florida document number 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: Enter Florida street 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.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of or removed from our records:

being added

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□ Add
			□Remove
			Change
			□ Add
			Remove
			□Change
			□Remove
			Change
			□Remove
			Change
		 	□Remove
			Change

fameno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	<u> </u>
_	
Note: It	e date, if other than the date of filing:
d is file	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 _	Signature of a member or authorized representative of a member Togoh Lee Typed or printed name of signee
with the second	My Mi Da
	Sighature of a member or authorized representative of a member
	$V = V \circ $