## 121000348258

| (Red                      | questor's Name)   |             |
|---------------------------|-------------------|-------------|
| (Add                      | dress)            |             |
| (Add                      | dress)            |             |
| (City                     | y/State/Zip/Phone | e #)        |
| PICK-UP                   | ☐ WAIT            | MAIL        |
| (Bus                      | siness Entity Nar | ne)         |
| (Dox                      | cument Number)    |             |
| Certified Copies          | _ Certificates    | s of Status |
| Special Instructions to F | Filing Officer:   |             |
|                           |                   |             |
|                           |                   |             |
|                           |                   |             |
|                           |                   |             |

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2021 NOV 29 PM 5: 16

A. RIVERS DEC 1 4 2021

Office Use Only

## **COVER LETTER**

TO:

Registration Section

| Division of Corp                | oorations                                    |   |   |
|---------------------------------|--|---|---|
| endiczer. All Le                | Lude & Ruenece                               | ti C  |   |
| SUBJECT:W                       | Name of Limi                                 | ted Liability Company   |   |
| The control of Amilia of C      | No. 10 10 10 10 10 10 10 10 10 10 10 10 10   |   |   |
| The enclosed Afficies of A      | Amendment and fee(s) are sub-                | milled for thing,   |   |
| Please return all correspor     | ndence concerning this matter                | to the following:   |   |
|                                 | Condice 3                                    | en dg C.<br>Viame of Person   |   |
|                                 | All Inherits &                               | Purposes, UC<br>Firm/Company  |   |
|                                 |  |   |   |
|                                 | 3749 Bright                                  | on Pork Cit<br>Address  |   |
|                                 | Belle Isle, TC                               | 32812<br>City/State and Zip Code  | <del></del> -   |
|                                 |  | io be used for future annual report not                                   | ification)  |
| For further information co      | oncerning this matter, please ca             | all:  |   |
| Condice Pri                     | dga  | at ( <u>40)</u> 334 .<br>Area Code Daytin                                 | 5935  |
| Name of                         | Person                                       | Area Code Daytin  | ne Telephone Number   |
| Enclosed is a check for th      | e following amount:                          |   |   |
| 图\$25.00 Filing Fee             | □ \$30,00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addres                  |  | Street Address:   | oction  |
| Registration S<br>Division of C |  | Registration Se<br>Division of Co   |   |
| P.O. Box 632                    |  | The Centre of   | •   |
| Tallahassee, I                  | FL 32314                                     | 2415 N. Monro   | oe Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| (A Florida Limited Li  | ability Company)   |   |
|--|--|---|
| The Articles of Organization for this Limited Liability Company v<br>Florida document number <u>L21000388258</u>   | were filed on <u>68   31   26 21</u>                                     | and assigned                                  |
| This amendment is submitted to amend the following:  |  |   |
| A. If amending name, enter the new name of the limited liabil  | ity company here:  |   |
| The new name must be distinguishable and contain the words "Limited Liability  | ty Company," the designation "LLC" or the                                | abbreviation "L.L.C."                         |
| Enter new principal offices address, if applicable:  |  | · <u></u>                                     |
| (Principal office address MUST BE A STREET ADDRESS)  |  | <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 office adagent and/or the new registered office address here:  | ddress on our records, <u>enter the na</u>                               | me of the new registered                      |
| N CN D : 1.  |  | 202   |
| Name of New Registered Agent:  |  | 2021 NOV                                      |
| New Registered Office Address:   | Enter Florida street address   | 10  |
|  | , Florida _  |   |
|  | , Florida _<br>, Florida _   | Sip Ende                                      |
| New Registered Agent's Signature, if changing Registered Agent:  |  | . 16  |
| I hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete p<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office of<br>company has been notified in writing of this change. | performance of my duties, and I an<br>rovided for in Chapter 605, F.S. O | n familiar with and<br>r. if this document is |

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

| <u>Title</u> | <u>Name</u>    | Address                | Type of Action |
|--------------|----------------|------------------------|----------------|
| 4UBR         | Condice Bridge | 3749 Brighton Park Cir | □Add           |
|              |                | Boile Isle, FL 32812   | □Remove        |
|              |                |                        | Change         |
|              |                |                        | □Add           |
|              |                |                        | □Remove        |
|              |                | 4.                     | □Change        |
|              |                |                        | □Add           |
|              |                |                        | □Remove        |
|              |                |                        | □ Change       |
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|              |                |                        | □Remove        |
|              |                |                        | □ Change       |

| Effective     | date, if other than the date of filing: (optional)  |
|---------------|---|
| (If an effect | eve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  |
|               | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records |
|               |   |
|               | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the  |
| ord is filed  |   |
| 1             |   |
| Dated _!      | Loventor, 7 2021.   |
|               | Condica Back  |
|               | Signature of a member of authorized representative of a member  |
|               | <del>)</del>  |
|               | Cavalice Bridge  Avador printed name of surger  |

erest of the second

Filing Fee: \$25.00