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· COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:	Meand minime,	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	endence concerning this matter		
	Gerr	Name of Person	
	Ne	ond minime, LLC Firm/Company	
	6424 (nimie Sorings Rom	<u>ad</u>
	<u>Jad</u>	City/State and Zip Code e and minime real to be used for future annual report notifi	258
	JE-mail address: (to be used for future annual report notif	estate fication)
For further information c	oncerning this matter, please ca	all:	
Gerra Name o	f Person	at (106) 825.4 Area Code Daytime	5399 e Telephone Number
Enclosed is a check for the	ne following amount:		
V. \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632	. /	The Centre of T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	Liability Compar Florida Limited L	ny as it now appears on or inability Company)	ur records.)	
The Articles of Organization for this Limited Liabi		were filed on	14/2021	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liabi	lity company here:		
The new name must be distinguishable and contain the words	e Rea s "Limited Liabili	Hy UC ty Company," the designat	ion "LLC" or the abb	reviation "L.I.,C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office address h		ddress on our record	s, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	(16	mi landri	<u> </u>	
New Registered Office Address:	6424	Cinnie Son Enter Florida stro	NS ROC	d
-	Ja	clesonville	, Florida	<u> 32,258</u> Zip Code

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 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
AMBR	Gerri Landrum	Jacksonville, FL 32258	□Add
			Remove
			\(\sum_{\text{Change}} \)
MGR Court	Courtney M Immel	<u> nja</u>	□ ∧dd
	·		Remove
			□Change
			□∧dd
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗖 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an eff Note:	ive date, if other than the date of filing:
e recor rd is fi	
Dated	1/25 2022 A: Lad
	Signature of a member or authorized representative of a member
	Gazzi Landana