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A. BUTLER NOV 03 2021

## **COVER LETTER**

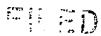
SUBJECT: Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Tevin R. Brown Sr.  Name of Person  Firm/Company  141 orange ridge dr.  Address  Long FL 32 7 79  City/State and Zip Code  LKKC TakeoFFS@.gmil. Cam  E-mail address: to be used for future annual report notitication)  For further information concerning this matter, please call:  Tevin R. Brown Sr.  Name of Person  Area Code Daytime Telephone Number  Encloyed is a check for the following amount:  See Sectificate of Status  Certified Copy (additional copy is enclosed)	TO: Registration Section Division of Corpora			•
The enclosed Articles of Amendment and Fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Thuing Drown Sr.  Name of Person  Firm/Company  I'll orange ridge dr.  Address  Long FL 32 779  City/State and Zip Code  LKKG-TukeoFF5@ gmail. Can  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Teving R. Brown  Name of Person  at (LIO7)  Name of Person  Area Code  Unytime Telephone Number  Encloyed is a check for the following amount:  CS \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)	1 0	rsa Kunnana	TakonGF LL	(
Please return all correspondence concerning this matter to the following:    Tevin R. Brown Sr.	SUBJECT:	Name of Limit		
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Horange ridge dr.   Address   Long FL 32 7 79   City/State and Zip Code   LKKC TakeoFF5@gmail. Can   E-mail address: (to be used for future annual report notification)    For further information concerning this matter, please call:    Tevin R. Brown   Sr.   at (L107)   427 - 7437   Name of Person   Area Code   Daytime Telephone Number      Encloyed is a check for the following amount:   S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)   Certificate of Status & Certified Copy (additional copy is enclosed)	-	7	Pevin R. Brown C	<u>Sr.</u>
Encloyed is a check for the following amount:    Second Filing Fee   Society   State   Society   Society   State   Society   Soc	-		Firm/Company	<del>.</del>
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Tevin R. Brown Sr. at (107) 427-7437  Name of Person Area Code Daytime Telephone Number  Encloyed is a check for the following amount:  S25.00 Filing Fee \$\Bigcirc \text{\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}  Certified Copy (additional copy is enclosed)	-	141 orange	e ridge dr.	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Tevin R. Brown Sr. at (107) 427-7437  Name of Person Area Code Daytime Telephone Number  Encloyed is a check for the following amount:  S25.00 Filing Fee \$\Bigcirc \text{\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}  Certified Copy (additional copy is enclosed)	_	Lo	ng, FL, 32779	
For further information concerning this matter, please call:  Tevin R. Brown Sro at (2107) 427-7437  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  S255.00 Filing Fee Scartificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)			·	
For further information concerning this matter, please call:  Tevin R. Brown Sro at (2107) 427-7437  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  S255.00 Filing Fee Scattificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	_	E-mail address: (to	TUKeoFF5@,9mall. Ca	ion)
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S25.00 Filing Fee S00.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	Name of Per	ion	Area Code Daytime Tel	lephone Number
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Mailing Address: Street Address: Registration Section   Registration Section	Mailing Address:  Registration Sect	ion		n
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee		orations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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Louse Kar	mon Takeo	€€ L_2021 OCT 2	22 PM 4: 26
(Name of the Limited Lia	bility Company as it now	appears on our records.)	BC OFFIC
		· 11.55	OF STATE
The Articles of Organization for this Limited Liability	y Company were filed	on 10421	and assigned
The Articles of Organization for this Limited Liability Torida document number <u>L 21004344</u> 24	<u>l</u> .	1 1	
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the l	imited liability comp	any here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company	y," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			·
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe	ered office address on	our records, enter the na	me of the new regist
agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			<del></del>
New Registered Office Address:			
	Ei	iter Florida street address	
		, Florida _	
	Спу		Zip Code
iew Registered Agent's Signature, if changing Registe	ered Agent:		
hereby accept the appointment as registered age	ent and agree to act is	n this capacity. I further a	gree to comply with
provisions of all statutes relative to the proper and			
accept the obligations of my position as registered			
eing filed to merely reflect a change in the regist	ered office address, i	t hereby confirm that the l	imited 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>	Name	Address	Type of Action
Managel	Tevin R. Brown Sr.	14 lorange ridge dr. Longwood, FL	■Add
			🗀 Remove
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fecti	ive date, if other than the date of filing:
n en o <u>te:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cum	ent's effective date on the Department of State's records.
	d 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
is fil	
ated	10/15 2021
	Laur Lour
	Signature of a member of authorized representative of a member
	Tevin Brown Sr. Typed or printed name of signee
	18UM 1) COWO ST.

Filing Fee: \$25.00