121000435471

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A. RIVERS NOV 1 5 2021



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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:_\	nted edition	1 + CH + COS I C ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Paria	Name of Person	
	_ hmited	ldition tot	400 11C
	9023S Bur	CINVISTLE ICIT	
	<u>iando</u>	CIVES F 346 City/State and Zip Code	237
	iedtototo	he used for future annual report notificat	ion)
For further information cor	ncerning this matter, please cal	1:	
ACT ICY C	erson	at (<u>407</u>) <u>1675 QC</u> Area Code Daytime Te	533 Jephone Number
Enclosed is a check for the	following amount:		
\$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 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

Limited (Cition) to	7-4007 11C	
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company were Florida document number <u>L. 21000 435471</u> . This amendment is submitted to amend the following:	e filed on 1015\2\	_ and assigned
_		
A. If amending name, enter the new name of the limited liability		
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the abbre	viation "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)		
<u> </u>		
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ress on our records, enter the name o	f the new registered
Name of New Registered Agent:		
New Registered Office Address:	•••	1 ' 2
- The state of the	Enter Florida street address	
	, Florida	£ 1
	City	Zip Code:
New Registered Agent's Signature, if changing Registered Agent:		6. 2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perjaccept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office additional company has been notified in writing of this change.	formance of my duties, and I am fan ided for in Chapter 605, F.S. Or, if i	to comply with the ailiar with and this document is

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
			Change
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			□Change

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Signature of a member or authorized representative of a member	