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(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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DEC 0 9 2021

COVER LETTER

TO: Registration Division of C			
SUBJECT: PO	MINENCE E. C. Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subr	nitted for filing.	
Please return all corres	spondence concerning this matter t	o the following:	
	_Briann	Name of Person	
	Prominer	Firm/Company	
	2103 Po	Per Darry Pr	
	<u>Orland</u>	City/State and Zip Code	(Y)no
	E-mail address: (to	o be used for future annual report notif	fication)
For further information	n concerning this matter, please ca	H:	
Pricing Nam	e of Person	at (407) 533 Area Code Daytime	EXI U e Telephone Number
Enclosed is a check for	r the following amount:		
≤ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional 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

	City		Zip Code
		, Florida	
New Registered Office Address:	Enter Flo	rida street address	
Name of New Registered Agent:			
agent and/or the new registered office address here	2:		
B. If amending the registered agent and/or registe		records, <u>enter the nam</u>	e of the new registered
(Mailing address MAY BE A POST OFFICE BOX)			
Enter new mailing address, if applicable:			
(Frincipia office address brost Br. A STREET AD)			
enter new principal offices address, if applicable: (<u>Principal office address MUST BE A STREET AD</u>)	n d e c c c c c c c c c c c c c c c c c c		
Enter new principal offices address, if applicable:		•	
The new name must be distinguishable and contain the words "I		designation "LLC" or the ab	breviation "L.L.C."
A. If amending name, <u>enter the new name of the li</u>	mited liability company h	<u>iere</u> :	
This amendment is submitted to amend the following:			
Florida document number_2\00045215	10.		
The Articles of Organization for this Limited Liability		X40DEL 1811(<u>∑</u> and assigned
	•	TALLAHASSEE.	$\vec{\Gamma}^{\dagger}$.
(Name of the Limited Liat	pility Company as it now appeared Limited Liability Company)	SECRETARY OF S	
HOMINE KE E	•('	2021 NOV 22 AM 7	

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 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	Brianna Williams	2103 Raper Dairy P	X ZXaa
		Oriando, Fi, 32827	? □Remove
			îl Change
			🗆 Add
			□Remove
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an eff i <u>ote:</u>	ive date, if other than the date of filing:
recor Lis fi	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 led.
ated	November 18 2021
	- Outime Halland
	Signature of a member or authorized representative of a member
	G. A.