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Certified Copies	Certificates	s of Status
		
Special Instructions to f	Filing Officer:	
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T. MATTHEWS
JAN 27 2022

COVER LETTER

	Registration Sect Division of Corpo			
SUBJEC	CT:	Name of Lim	ited Liability Company	LC
			, , ,	
The encl	osed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspond	lence concerning this matter	to the following:	
		Brett ?	Name of Person	
			Firm/Company	
		2151	Address Address Address City/State and Zip Code	d S
	·	70	ulesonville, FL 3	32216
For furth	er information con	E-mail address: () cerning this matter, please ca	to be used for future annual report noti	fication)
7 (7) 10((1)	\sim		at (<u>909</u>) <u>99</u> Area Code Daytim	2-2388
	Name of F	erson	Area Code Daytim	e Telephone Number
Enclosed	vis a check for the	following amount:		
J \$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 Se		Street Address: Registration Sec	
	Division of Cor P.O. Box 6327	porations	Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

9	1	22 JUN 21 PH 2: 16
(Name of the Limited Liability Compa (A Florida Limited L	my as if now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 100 o 5 2 1 9 3 b</u>	were filed on	2 6 2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	5235 Normano	ly Blud
(Mailing address MAY BE A POST OFFICE BOX)	5235 Normand Jacksonville	FC 32205
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		ida
New Registered Agent's Signature, if changing Registered Agent:		

Thereby 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>	<u>Address</u>	Type of Action
MER	Jerome Young	2566 W45ths	🗆 Add
	. •	Jacksonville, FL 31705	ERemove
			□Change
MER	Sunshine Mont	3871 Oriely M.	
		Juckeyonville, FL 32210	□Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change
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Note:	ive date, if other than the date of filing:
he recor ord is fil	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 ed.
Dated	January 16 2022 Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Brett Isaac incorporator Typed or printed name of signee

Filing Fee: \$25.00