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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	HBCU CKWNS	LLC ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are subr	sitted for filing.	
Please return all corres	pondence concerning this matter t	the following:	
	Anthony	Jeffenson Name of Person	
	HBCU	CEMNS LIC	_
	j945 Evan	sten ave lallahassee	FL 32304
	Tallalias	Address City/State and Zip Code City/State and Zip Code City/State and Zip Code Discussed for future annual report notification)	
A s	n concerning this matter, please co		77 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enclosed is a check for	r the following amount:		Ο
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
P.O. Box 6	n Section f Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite	: 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Name of the Limited Liability Company as it now appears on our records.)
(A Fiorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on <u>CS/21/20.7c</u> and assigned

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
The new name must be distinguishable and contain the words. Elithied Elaboration	.,	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		11 8
17770		-5.
		1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Studies and the		
	and records enter the II	

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida 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 jamiliar 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, <u>outer the title, name, and address of each person-being added</u> or removed from our records:

MGR = Ma $AMBR = Au$	nager thorized Member		٠
Title	Name	Address	Type of Action
AMBR.	Jada Tayler	727 West Brevard Si	MAdd
	·	Tullahassee, F1 3230-1	□Remove
			Change
AMBE	Danne Daniels	510 Walnish Way	⊠Add
		Tallahassee, Fl 32307	Remove
			Change
			□Add E22
			-:- □Remove
			Change
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Effective date, if ot if an effective date is list Note: If the date insidecument's effective	erted in this block 09	oes not meet un	. applicable in	2005 of filing or more th atutory filing req	(option an 90 days after f uirements, this	lino Y Porsna	nt to 605.0 t be listed
e record specifies a d rd is filed.	elayed effective date	:, but not an eff	ective time, at	12:01 a.m. on th	e carlier of: (b)	The 90th	day after
Dated(2/	6/2023				<u> </u>	<i>[]</i>	7
	Sign	finite of a member	r or authorized	representative of a	member 5	/	

Filing Fee: \$25.00