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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bı	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Q.	SILAS	
MAY	1 2 2022	
		

Office Use Only



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2022 MAY 12 AM 11: 38

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

SUBJECT:	US SO LU	С	
SOBJECT.		ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Britney	Mullir1gs Name of Person	
		Firm/Company	
	9200 NW	39th Ave Sta	C 130 #
		City/State and Zip Code	
		1 lings @gmail. to be used for future annual report n	otification)
For further information col	ncerning this matter, please ca	all:	
Britney	Mullings	at (305) 77P Area Code Days	7)70 ime Telephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Co	ection	Street Address: Registration S Division of C	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

115 50 1	2022 MAY 12 AM 11: 46
(Name of the Limited Liability Compan (A Florida Limited Liability Compan)	y as it now appears on our SEORETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company w	
Florida document number <u>L 22 000 176 243</u>	-
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	
Enter new principal offices address, if applicable:	9700 NW 39th Ave
(Principal office address MUST BE A STREET ADDRESS)	Ste 130 # 3140
	Gainesville Fl 32006
Enter new mailing address, if applicable:	9200 NW 39th AVE Ste 130 # 3140
(Mailing address MAY BE A POST OFFICE BOX)	
	Gainesville FL 32606
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	
New Regimered Office Address.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and covided for in Chapter 605, F.S. Or, if this document is

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>	Address	Type of Action
MGR	Jahruc Mullings	9200 NW 39 ¹⁷ Ave Ste 130 # 3140	iDAdd
		Gainesville FL 32608	□Remove
			□Change
AMBR	Tanya Jackson	9200 NW 39th Ave Ste 130 # 3140	DAdd
		Gainesville FL 32406	
			Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□ Add
			□Remove
			□Change
		 	□Add
			□Remove
			□Change

li amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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If an effectiv <u>Note:</u> If th	date, if other than the date of filing:
e record sp rd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	\$/12/2022.
	Signature of a member or authorized representative of a member
	Britney Mullings Typed or printed name of signee