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SECILE DARY OF STATE

COVER LETTER

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TO: Registration Section Division of Corpor		(1.5 6 110	,				
SUBJECT:							
Marne of Limited Liability Company							
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.					
Please return all corresponde	nce concerning this matter to	o the following:					
	(
	Donna	- Johnson					
		Name of Person					
		Firm/Company					
	2819 -	Hidden Hever	n Rd				
	(1. 4.	Address 12 2 2	1,2				
	UZCKSON	V.11c, H 32					
_	marten	City State and Zip Code	.com				
_		o be used for future animal report notificati	on)				
For further information conc	erning this matter, please cal	li:	,				
Donna Von	hnson	at 904 504	3223				
Name of Per	rson	Area Code Daytime Tel	ephone Number				
Enclosed is a check for the following amount:							
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclused)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

2027 MAY 31 AM 9: 38 SECRETARY OF STATE ed Liability Company as it how appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number 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 Liability Company," the designation "LLC" or the abbreviation

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)

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:		12
New Registered Office Address:	Enter Florida street ado	dress
_	City	Florida

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 heing 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>	<u>Address</u>	Type of Action			
Mgr	Donna M. Johnson	2819 Hidden Haven 1				
		Jacksonville F1 3221	<u> </u>			
			Change			
			DAdd			
			□Remove			
			🗆 Add			
			□ Remove			
			□Change			
			□ Add			
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			□ Change			
			DbbA			
			□Remove			
			[]Change			
			[]Add			

Typed or printed name of signee