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(Re	questor's Name	·)
(Ad	dress)	
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(Cit	ty/State/Zip/Pho	ne #)
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Certified Copies	_ Certificate	es of Status
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Special Instructions to	Filing Officer:	
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		6/10/21

Office Use Only



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2022 OCT 21 AH 8: 0

COVER LETTER

Division of Cor		·	
SUBJECT:	THEN EATH ON Name of Lim	lowen as live We will be desired Liability Company	CF LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
		-	
Please return all correspo	ondence concerning this matter	to the following:	
	Scott 1	Peskin	
		Name of Person	
	Green Ear	4th Lowemas Ku	Vg ACFLEC
	l	Firm/Company	
	1490 B Q	XIR HWY Cast	
	· /	Address	
	Lompa	no Beach the	3306D
	Scotta gree E-mail address: (1	City/State and Zip Code OCHADOWCWO (A to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Scott fe	SKIN	at (56/_) 222-1	
(Name o	t Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration 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

Great Eartho	Tower asking WEF E	EC.	
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)		_
The Articles of Organization for this Limited Liabilit Florida document number <u>L220002874/0</u>	y Company were filed on <u>6/24/2022</u>	· -	l assigned
This amendment is submitted to amend the following	Ç.	2022 OCT	
A. If amending name, enter the new name of the l	imited liability company here:	T 21	<u> </u>
		2:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or t	the abbreviation	1 "L.L.C.;"
Enter new principal offices address, if applicable:			<u>)</u>
(Principal office address MUST BE A STREET AD	DRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe agent and/or the new registered office address her		name of the	new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<u> </u>	, Florid:		
	City	Zip Ce	rde

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
MGR	Scott Peskin	1386 W Camino Real Soca Raton F4 33486	V\(\overline{\text{Add}}
			□Remove
			□Change
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			□Change

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fan ef <u>Vote:</u>	ive date, if other than the date of filing:
reco	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	Ectoper 1749 / 2022p
	<u> </u>
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00