(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
J. HORNE

Office Use Only



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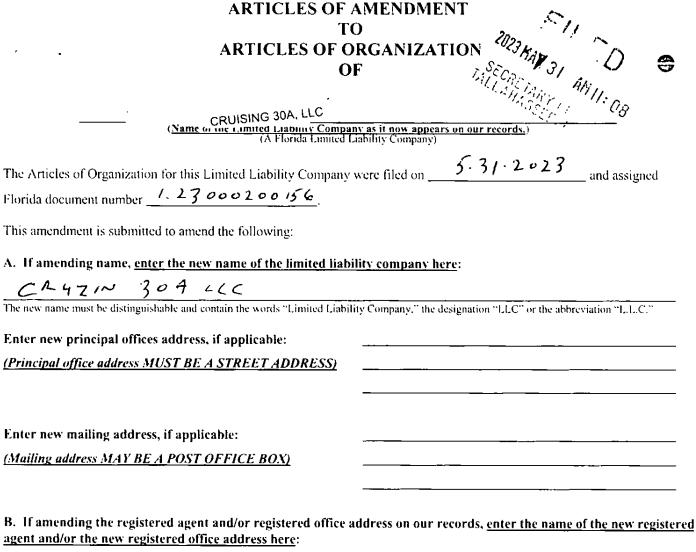
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COVER LETTER

TO: Registration Se Division of Cor			.•
SUBJECT:			_
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MARK WI	Name of Person	
	·	Name of Person	
	CAUZIN	3 · A	
	- 1/-	Firm/Company	
	9321 45	Hwy 331 Sout 4	,
		Address	
		City/State and Zip Code	
		City/State and Zip Code	
	MARK ALLEN	WUSAN 2020 @ 61	nau eum
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
MARK WI	٠,5 ٥, ٨٠	at (<u>\$50</u>) 803 Area Code Daytin	. 2278
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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		Street Address:	
Registration S Division of C		Registration Se	
P.O. Box 632		Division of Col The Centre of 1	
Tallahassee, I			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO OF



agent and/or the new registered office address here:

	City .	, FloridaZip Code
New Registered Office Address:	Enter Florida street ad	ldress
Name of New Registered Agent:		<u> </u>

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = •Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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fan effective <u>Sote:</u> If th	late, if other the date is listed, the date inserted in effective date of	date must be speci n this block does	not meet th	e applicable :	e of filing or me statutory filing	re than 90 days	optional) after filing.) Pun s. this date will	suant to 605.01 not be listed
record spe I is filed.	ecifies a delayed	effective date, b	ut not an eff	ective time, a	it 12:01 a.m. c	n the earlier c	of: (b) The 90	h day after ti
	5.31.			<u>v23</u> .				
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Dated) (//	1				

Filing Fee: \$25.00