

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EState Title Name of Limited Lin	
	6. 51
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
Monica	Hentschel Name of Person
Estate_	Firm/Company
3030 Har	Hey Road Suite 150
<u>Jack sonvi</u>	Me, F/ 31257 State and Zip Code
MONICA @ 2 C E-mail address: (to be us	State title lax. Com ed for future annual report polification)
For further information concerning this matter, please call:	
Monics Hentschel Name of Person	at (904) 260-5222 Area Code Daytime Telephone Number
	_
Enclosed is a check for the following amount:	(D)
S\$25.00 Filing Fee S\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Street Address:
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3030 Hartley Road Suite 150 Jack Sonville, F-1 32257
(Principal office address MUST BE A STREET ADDRESS)	<u> 3ach 2000/1116 1-1 32287</u>
Enter new mailing address, if applicable:	3030 Hastley Road Suite 150
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, F1 32257
agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 3030	Enter Floridd street address SUTE, 150
Juc	KSONVILLE, Florida 3-225)" City Zip.Code 7
New Registered Agent's Signature, if changing Registered Agen	<u>u</u>
I have by assent the appointment as registered quant and as	read to dot in this condition I further depends comply with the

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agreed ocomply 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name N/A	Address	Type of Action
	<i>N/H</i>		🗆 Add
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amending any other information, enter change(s) here		ets, if necessary.)	
Changing addiess	> 101	both	_
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ective date, if other than the date of filing:	3-2021	(optional) -	
n effective date is listed, the date must be specific and cannot be prior te: If the date inserted in this block does not meet the applications.	to date of filing or more than t	00 days after filing.) Pursuant to	605.0207 (3)(t
cument's effective date on the Department of State's records.	able statutory timing require	inches, this date will not be	
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ted <u>AUGUST 3 . 2621</u>	<u> </u>		
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Vania A	in		-
Signature of a member or author	orized representative or a mer	inter .	
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	ed name of signee		-

Filing Fee: \$25.00