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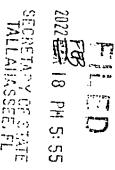
(Requestor's Name)
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D. BRUCE FEB 2 8 2022

COVER LETTER

TO: Registration Se Division of Cor				
suвјест: <u>Abbi</u>		nies LLC tted Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter t	to the following:		
	Cindy Zon	Name of Person		
	abbie Jac	an Enterprises, 1		
	941 4th 0	he Vorth		2022 F 3520 F
	Naples, FL	City/State and Zip Code		THAN TO THE TANK THE
	Cincy Oak	be used for future annual report notif	ication)	ASSEED TO
For further information co	oncerning this matter, please ca	ill:		FE 55
Cindy Z	OQUAL I Person	at (941) 169 - Area Code Daytimo	1594 Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	e of Status &
Mailing Address Registration S		Street Address:	etion	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

<u>Obbie Joan E</u>	nterprises LLC	
(A Florid	lity Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number <u>L0000004548</u>	•	2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin		
The new name must be distinguishable and contain the words "Lii	mited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	AU	
(Principal office address MUST BE A STREET ADD	RESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere agent and/or the new registered office address here:		enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	Enter Florida street	addrass
	Daier I Walla Street	
	City	Florida Zip Code

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.	Paul Gladick	2611 Gloth Street SW	□Add
		2611 Geth Street Sw Maples, FL 34105	[I]Remove
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an effective date is I	other than the date of isted, the date must be spenserted in this block door date on the Department.	cific and cannot be per es not meet the ap	plicable statutory	g or more than 90 da	(optional) ys after filing.) Pursua nts. this date will no	nt to 605.020' t be listed as
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ocument's effective record specifies a Lis filed.	uany 10th					

Filing Fee: \$25.00