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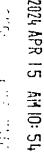
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## **COVER LETTER**

3	VERECTER
TO: Registration Section Division of Corporations	•
SUBJECT: Southern H. de Name of Limited	EWAY LLC Liability Company
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	ne following:
- Brent	Name of Person
	Firm/Company
1721 Green	Address Roca J
Deland,	ity/State and Zip Code  — e hotmail. (om  used for future annual report notification)
Drest S. Caes E-mail address no be	used for future annual report notification)
For further information concerning this matter, please call:	
Name of Person	at (386) SUG-OGG 3  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:    \$\sum \frac{3}{2}\$ \$25.00 Filing Fee	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  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

<u>Sin thera</u>	Hideway, LLC	
( <u>Name of the Limited Liat</u> (A Flor	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	ty Company were filed on 12/14/12 and assigne	ed
This amendment is submitted to amend the following:	y. 	
A. If amending name, enter the new name of the li	limited liability company here:  A TGOCH LLC  Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADI</u>	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	2024 API	
3. If amending the registered agent and/or register	ered effice address on our records, enter the new coldette.	<u> </u>
gent and/or the new registered office address here		- Carre
	·	TT
Name of New Registered Agent:		
	를 5	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Register	ered Agent:	
hereby accept the appointment as registered agen	ent and agree to act in this capacity. I further agree to comply w	vith the
han annan a Call de action la critica de cha a come anna de come a come de come a come de come de come de come	d complete performance of my duties, and I am familiar with an	ıd
accept the obligations of my position as registered	d agent as provided for in Chapter 605, F.S. Or, if this documer	ıt is
veing filed to merely reflect a change in the registe company has been notified in writing of this change	tered office address. I hereby confirm that the limited liability	
ompany has ocen nonjieu in writing of this change	50.	

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	<u>Name</u>	<u>Address</u>	Type of Action
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			□ Remove
			□Change
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			Remove
			Change

<del></del>	
an effective ote: If th	date, if other than the date of filing:
_	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
is filed.	<u>u-11-74</u>
is filed.	Signature of a member or authorized representative of a member