## LZO 0003707 Z8

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PICK-UP WAIT	MAIL
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Special Instructions to Filing Officer:	
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## **COVER LETTER**

Division of Corp			
	bilt moore	LLC.	•
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Mary	S. Moore,	<del></del>
		Firm/Company	
	10360 La	ong shore Road	1 #66
-	Shanna Bi	FL 33946 City/State and Zip Code 11 more Homes Code to be used for future annual report notific	anail. Com
Eor further information co	neerning this matter, please ca		
May S Name of	Nuore	at (A 4) O O O	7 -8142 Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	<del></del>	Street Address: Registration Sec	tion
Division of Co	orporations	Division of Corp	orations
P.O. Boy 632	7	The Centre of Ta	illahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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VOITMO	ore LLC	
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our rate Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on	4/20 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lime  B: + nore + or  The new name must be distinguishable and contain the words "Lime	nes LLC	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		2021 JA
(Mailing address MAY BE A POST OFFICE BOX)		× 1
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>e</u>	nter the name of the new registere
Name of New Registered Agent:	<u></u>	<del>-</del>
New Registered Office Address:	Enter Florida street o	address
		_, Florida
	City	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
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an effective date is	other than the date must be inspected in this blood	specific and car	nnot be prior to da	te of filing or more tha	n 90 days after filin	y g.) Pursuant to 605.020 e will not be listed a
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is filed.	a delayed effective o	ate, out not an	enective time,	10 12.01 a.m. on the	carner or. (b)	The 90th day after the
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Filing Fee: \$25.00