121000012467

		<u> </u>
(Re	questor's Name)	
(Ad	dress)	
	dress)	
(riu	uicssj	
(Cit	y/State/Zip/Phone	e #)
_	_	_
PICK-UP	☐ WAIT	MAIL
- (Ru	siness Entity Nar	ne)
(00	Siliess Littly Har	ne,
(Do	cument Number)	
Certified Copies	Certificates	of Status
· · · · · · · · · · · · · · · · · · ·		
Special Instructions to	Filing Officer:	





100384592011

03/30/22--01010--016 **25.00

SCERETARY OF STATE OF STATE OF CORPORATIONS

27 MAR 30 PM 3 29

T. MATTHEWS APR 1 2 2022

COVER LETTER

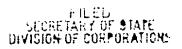
Tallahassee, FL 32314

SUBJECT: POAS	nz Sianim IL	C.	
Sensite	Statistical LC Nade of Limited Liability Company ticles of Amendment and feets) are submitted for filing. correspondence concerning this matter to the following: Carrell E. Strict Name of Person		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Firm/Company 12346 Sea Served Dr Address Sea Served Dr City/State and Zip Code Particles Served Served for Inture annual report notification) er information concerning this matter, please call Sea Served Daytime Telephone Number is a check for the following amount: 10 Filing Fee Sea Sea Served Daytime Telephone Number Secure Served Daytime Telephone Number Secure Served Daytime Telephone Number Certificate of Status Certified Copy (additional copy to enclosed) Certified Copy Certified Copy		
		Firm/Company	<u>.</u>
	123416 Scan	ISland Dr Address	
		·	fication)
For further information of	concerning this matter, please c	ali	
Darrell R. S. Name of	orruth of Person	at (<u>1720</u>) <u>UVU - To</u> Area Code Daytim	9572 ne Telephone Number
Enclosed is a check for t	he following amount:		
≡ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration Division of C	Section Torporations	Registration Se Division of Cor	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 MAR 30 PM 3 29

Name of the Limited Liability (A Florida)	<u></u>	
(<u>Name of the Lamited Lambility</u> (A Florida	Company as it now appears (Limited Liability Company)	a our records.)
The Articles of Organization for this Limited Liability Co		u\2021 and assigned
Florida document number <u>L21000012467</u>	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here	<i>:</i>
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the desi	gnation "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	 	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our rec	ords, enter the name of the new registered
agent and or the new regiments since address agen.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Floride	street address
		Cleside
 -	Cuţi:	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a	nd agree to act in this ca	pacity. I further agree to comply with the
provisions of all statutes relative to the proper and co	mplete performance of m	v duties, and I am familiar with and
accept the obligations of my position as registered ag- being filed to merely reflect a change in the registered		
being fried to merely reflect a change in the registered	evijice adaress, i nereby	соприт так те итива натију

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

<u>Title</u>	Name	Address	Type of Action
AMBR	Brandy M. Smith	2771 Monument Ste 29	X iAdd
		# 235 Jack Somule, F1 32225	
			🗆 Change
			DAdd
			□Remove
			□Change
			DAdd
			□Remove
			Change
			🗆 Add
			□Remove
		•	□Change
			🗆 Add
			□Remove
			🗆 Change
			□AJd
			□Remove
			Change

		- 11 1			
		. <u></u>		<u></u> .	
					
		<u> </u>		·- <u>·</u> ···	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_
					_
					
-	3				
				<u></u> .	
rat I .a t	abandon abadas of filingo			(antional)	
ite: If the date	other than the date of filing: listed, the date must be specific and can ascreted in this block does not meetive date on the Department of State	et the applicable sta	f filing or more than 90 d tutory filing requireme	_ (optional) lays after filing) Pursuant to ents, this date will not be) 605 020 : listed as
ecord specifies is filed	a delayed effective date, but not an	n effective time, at 1	2:01 a.m. on the earlie	er of: (b) The 90th day	after the
ted <u>Ma</u>	ch 27th.	2022			
	Dawll L. Signature of a ine	inher or authorized re	presentative of a membe		_
/		5m'4/-	•		
,	KX(1811 K	vped or printed name			

Filing Fee: \$25.00