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(111)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

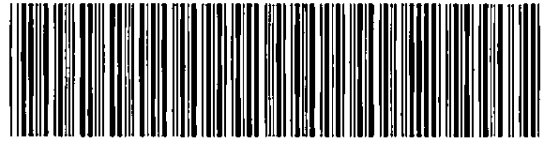
(Document Number)

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111 Form

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FILED

2024 JUN 25 PM 3:12

STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3018 E. NORFOLK, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHANDLER FLOM
Name of Person

Firm, Company

2804 CALDENAS AVE
Address

TAMPA, FL 33624
City/State and Zip Code

CHANDLER FLOM @ EMAIL.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

CHANDLER FLOM at 813 766-4001
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

FILED
2024 JUN 25 PM 3:12
STATE

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5.4.2024 and assigned
Florida document number L21000147694

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable: 2304 CARDENAS AVE
TAMPA, FL 33629
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 2304 CARDENAS AVE
TAMPA, FL 33629
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: CHANDLER FLON

New Registered Office Address: 2304 CARDENAS AVE
Enter Florida street address

TAMPA, Florida 33629
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.

+ Chandler Flon
If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Persons) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

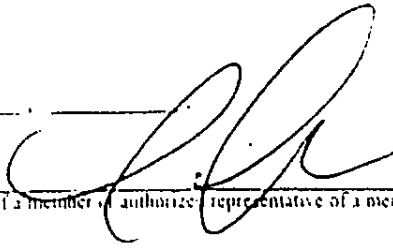
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TAYLOR FLOM	14051 POINTE ANNE DR DESSA, FL 33556	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 505.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____



Signature of a member, authorized representative of a member

TAYLOR K. FLOM

Typed or printed name of signee

Filing Fee: \$25.00