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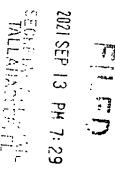
(Requestor's Name)	
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PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Codified Coales Codificates of Change	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	

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SEP 23 2021

COVER LETTER

Division of Co					
	N GRADING LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The analoged Articles	of Amendment and fee(s) are sub	missad for filing			
		-			
Please return all corresp	pondence concerning this matter	to the following:			
	DEANNA CASMAN				
		Name of Person			
		Firm/Company		-	
	849 CYPRESS LAKE CIR	RCLE			
	2021 SEP 13 SEGRETATION TALLAHA				
CAPE CORAL FLORIDA 33919					77
City/State and Zip Code DMCASMAN03@YAHOO.COM					HESSE .
	_	to be used for future annual report notifi	cation)		177
For further information	concerning this matter, please co	all;		PM 7: 29	
DEANNA CASMAN		239 9803067 at ()		777.	
Name	of Person		Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)			Certified	te of Status &	
Mailing Addre Registration		Street Address: Registration Sec	tion		

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

ited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)						
Liability Company	were filed on APRIL 15, 2021	a	nd assigne	:d			
llowing:							
of the limited liab	ility company here:						
words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviat	ion "L.L.C."	-			
Enter new principal offices address, if applicable:							
ET ADDRESS)	FORT MYERS, FLORIDA 33919						
	_						
	849 CYPRESS LAKE CIRCLE						
(BOX)	FORT MYERS FLORIDA 33919	9					
registered office : ess here:	address on our records, <u>enter th</u>	ne name of the	ie neweren	gistere:			
DEANNA CAS	SMAN	HA		<u> </u>			
849 CYPRESS	<u> </u>	P = = = = = = = = = = = = = = = = = = =	. 77				
	Enter Florida street address		7:				
FORT MYERS	, riori		Code				
	Liability Company Illowing: of the limited liab words "Limited Liabi icable: ET ADDRESS) registered office a ess here: DEANNA CAS 849 CYPRESS	Liability Company were filed on APRIL 15, 2021 Illowing: of the limited liability company here: words "Limited Liability Company," the designation "LLC" of the limited Liability Company," the designation "LLC" of the limited Liability Company, the designation "LLC" of the limited Liability Company, the designation "LLC" of the limited Liability Company, the designation "LLC" of the limited Liability Company here: 849 CYPRESS LAKE CIRCLE FORT MYERS, FLORIDA 33919 FORT MYERS FLORIDA 33919 FORT MYERS FLORIDA 33919 FORT MYERS LAKE CIRCLE Enter Florida street address FORT MYERS FORT MYERS	words "Limited Liability Company here: words "Limited Liability Company," the designation "LLC" or the abbreviate stable: 849 CYPRESS LAKE CIRCLE FORT MYERS, FLORIDA 33919 849 CYPRESS LAKE CIRCLE FORT MYERS FLORIDA 33919 registered office address on our records, enter the name of the sess here: DEANNA CASMAN 849 CYPRESS LAKE CIRCLE Enter Florida street address FORT MYERS FORT MYERS Florida 750 750 750 750 750 750 750 750 750 75	Liability Company were filed on APRIL 15, 2021 and assigned llowing: of the limited liability company here: words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." and assigned liability Company," the designation "LLC" or the abbreviation "LLC." and assigned liability Company, "the designation "LLC" or the abbreviation "LLC." and assigned liability Company here: 849 CYPRESS LAKE CIRCLE FORT MYERS, FLORIDA 33919 849 CYPRESS LAKE CIRCLE FORT MYERS FLORIDA 33919 registered office address on our records, enter the name of the new eyes here: DEANNA CASMAN 849 CYPRESS LAKE CIRCLE Enter Florida street address FORT MYERS FORT MYERS Florida 33919 2 28			

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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DEANNA CASMAN	849 CYPRESS LAKE CIRCLE	■Add
		FORT MYERS FLORIDA 33919	□Remove
			□Change
MGR	DREW CASMAN	2125 SW 8TH PLACE	□ Add
		CAPE CORAL, FLORIDA 33991	■Remove
			□ Change
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f an eff <mark>Note:</mark>	ive date, if other than the fective date is listed, the date mu If the date inserted in this b tent's effective date on the E	st be specific an ock does not :	d cannot be price meet the appli	cable statutory			ing.) Pursu:		
record is fil	d specifies a delayed effectiv led.	e date, but no	t an effective	time, at 12:01 :	a.m. on the ear	lier of: (b)	The 90th	day after	the
Dated	SEPTEMBER 9		2021	·					
	Depu	Signature of a	, 7	The		 .			

Filing Fee: \$25.00