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(Re	questor's Name)	
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(Do	cument Number)	
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Special Instructions to	Filing Officer:	
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2022 MAY 23 AM 8: 28 2022 MAY 23 AM 8: 43

RECEIVED

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MDAUIS - Ramsey Low Standa Agent Name of Limited Hiability Company Signing
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Margie Ramsey Name of Person
Firm/Company
3517 Pecter Road #4
Jacksonville Horida 37277 City/Stateland Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Margle Ramsu at 904 343-1726 Name of Person 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Company as Florida Limited Hability	it now appears on outy Company)	MING	<u>A</u>	<u>ge</u> d	J. []
The Articles of Organization for this Limited Liab Florida document number <u>L 22000 196</u>		filed on OI	11/202	2_	and as:	signed
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of th	he limited liability (company here:				
Margie Davis - Ram: The new name must be distinguishable and contain the word	Sey LLC ds "Limited Liability Co	ompany," the designati	on "LLC" or th	e abbrevi	ation "L	L.C."
Enter new principal offices address, if applicab	le:			<u> </u>	202	
(Principal office address MUST BE A STREET .	ADDRESS)			72.	H	-7]
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO				A SEE FL	23 AM 8: 43	The state of the s
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our	records, <u>en</u>	ter the	name	of the new
Name of New Registered Agent:		- -				
New Registered Office Address:		Enter Florida stre	et address			
			, Florida		ip Code	
	,	,		•	7. 00.00	

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 Type of Action Title Margie Ransey 3517 Peeter Road # Marada

Jackson ville 74 37277 Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

☐ Change

n effectiv i te: If ti	date, if other than the date of filing:
record he 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ted	<u>5-23</u> , <u>2022</u> .
	Y Y aymà Ramsur
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00