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> R. HUNT 02/24/23

COVER LETTER

TO: Registration Sec Division of Corp		4		
		(1		
SUBJECT:	LACKEOTOMY	IDAND CC	-	
	Name оИ.н	nited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Nicholas	Name of Person		
		-	; ;	77
		Firm/Company		Ü
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	Born Ro	Address Address Address	33433 FE	PH 3: 32
	Wichulast.	City/State and Zip Code Occi / Co / Min / 2 (to be used for future annual report noti	Com	
For further information co	oncerning this matter, please c		,	
Micholas Name of	Oucilla Person	at (Sb1)862	2 - 7/PF e 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 For Certificate of S Certified Copy (additional copy is	itatus &
		•		

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

Incheorn Bon	10 LLC	
(Name of the Limited Liability Compa (A Florida Limited I	tny as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company	were filed on	$\sqrt{23}$ $\sqrt{23}$ and assigned
Florida document number <u>L230000 42335</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		24
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		57 32 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Elorida s	treet address
		, Florida
	Ciţv	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 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>	Address	Type of Action
AP	Joseph Hennessey	330 South BST Cake WONTH, FC 33460	
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		33460	□Change
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Dated <u>Fes 21⁵⁺ 2023</u>	If an effe Note:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	rsuant to 0	605,0207 listed as
Dated Fels 21 5th 2023. Signature of a member or authorized representative of a member	rd is file	ed.)th day a	fter the
Signature of a member or authorized representative of a member	Dated _	Fes 215 2023.		
Signature of a member or authorized representative of a member		Mr. Land		
		Market Contract of the Contrac		

Typed or printed name of signee