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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	ст: 📶	Aloud Manne of Lin	letical billity Company	ing LLC
The enc	losed Articles of a	Amendment and fee(s) are sul	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Amont	Name of Person	20
		All Aloc	Firm/Company	Dilling LLC
		38278_1	Address	10-280C ~
		maim	City/State and Zip Code To be used for future annual report notif	picon :
For furth	ner information co	oncerning this matter, please o	·	2
Arn	Name of	ne Tenguscr Person	at (A) Daytime	Telephone Number
Enclosed	d is a check for th	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 Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
	Mailing Address Registration S		Street Address: Registration Sec	etion

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

(<u>Name of the Limited Liability Co</u> (A Florida Limi	ited Liability Company)	our regords.}		
The Articles of Organization for this Limited Liability Comp	pany were filed on	<u> </u>	and as:	signed
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 I	Liability Company," the design	ation "L1.C" or the ab	breviation "L	.lC."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	<u></u>			
Enter new mailing address, if applicable:				•
(Mailing address MAY BE A POST OFFICE BOX)			72 715	
D. If amonding the positional and a discount of the second accordance to the second accordance t			· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our recor	us, <u>enter the nam</u>	e of the nev	<u>v registered</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida st	rect address		
	City	, Florida	Zip Code	<u></u>
	* **		<i>1.141</i>	

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Ambe	Joseph Aice	2190 S Uecker Ln #915	
		2190 Suecker Ln #915 Lewisville, Tx 75067	□Remove
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2 If the date inserted in this block does not meet the applicable statutory filing requirem	lays after filing.) Pur	suant to 605,02
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ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl	er of: (b) The 90i	th day after th
filed.		·
1/24/2024		
\mathcal{C}_{∞}		
- Chranauf Joseph		
Signature of a member or authorized representative of a member		