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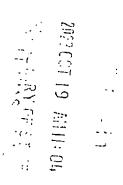
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Meadowlark, LLC						
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) ompany)					
The Articles of Organization for this Limited Liability Company were file	ed on September 27, 202	3 and assigned				
lorida document number <u>L23000448113</u> .						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability con	npany here:					
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the	abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	<u> </u>					
Principal office address MUST BE A STREET ADDRESS)	(C)	-3				
	<u></u>	19				
Inter new mailing address, if applicable:	· _,					
	- 1					
Mailing address MAY BE A POST OFFICE BOX)	F*\`	5				
						
3. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, <u>enter the na</u>	me of the new regis				
Name of New Registered Agent:						
New Registered Office Address:						
· 	Enter Florida street address					
	. Florida					
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.

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

Title	<u>Name</u>	Address	Type of Action
AMBR	KALEI M. WADE	321 E. 43rd Street, Apt. 703	□ Add
		New York, NY 10017	■ Remove
			□ Ch a nge
AMBR	COLLEEN M. WADE	321 E. 43rd Street, Apt. 703	≣ Add
		New York, NY 10017	Remove
			☐ Change
			□Add
			200 ct Remove
			Change
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etive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optio	nal)			
effective date is listed, the date must be specific and cannot be prior to date of filing or more e: If the date inserted in this block does not meet the applicable statutory filing rathers's effective date on the Department of State's records.	: than 90 days after requirements, this	filing.) Pu date wil	irsuant t I not be	o 605 e liste	.020 ed a:
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ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on filed.	the earlier of: (b)) The 90	0th day	after	r the
ed <u>October 2</u> . <u>2023</u> .					
Eric Wade					
Signature of a member or authorized representative of	a member			_	