## 121000367838

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
|   |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only

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## **COVER LETTER**

|               | ision of Cor                |  |   |   |
|---------------|-----------------------------|--|---|---|
| SHR IFOT:     | Access 97                   |  |   |   |
| SUBJECT.      |                             | Name of Lim                                  | ited Liability Company  |   |
| The enclosed  | l Articles of .             | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please return | all correspo                | ndence concerning this matter                | to the following:   |   |
|               |                             | Christian C Givens                           |   |   |
|               |                             |  | Name of Person  |   |
|               |                             |  | Firm/Company  | <del></del>   |
|               |                             | 4305Bay Point Rd Unit 4                      |   |   |
|               |                             |  | Address   |   |
|               |                             | Panama City Beach FL 3                       |   | <del></del>   |
|               |                             | Accessninetyseven@gm                         | City/State and Zip Code<br>ail.com                                  |   |
|               |                             |  | to be used for future annual report no                              | otification)  |
|               |                             | oncerning this matter, please c              |   |   |
| Cain Given    | is                          |  | 229 726-9029  | )<br>   |
|               | Name of                     | f Person                                     | at ()<br>Area Code Dayt   | ime Telephone Number  |
| Enclosed is a | a check for th              | ne 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|               | iling Addres                |  | Street Address:   | S   |
|               | gistration S<br>vision of C | section<br>orporations                       | Registration S<br>Division of C                                     |   |
|               | D. Box 632                  | •  | The Centre of   |   |
|               | llahassee. I                |  |   | roe Street, Suite 810   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| /Nome of the Limited Liability Compa  |   |                       |  |
|---|---|-----------------------|--|
| (A Florida Limited 1  | ny as it now appears on our records.)<br>liability Company) |                       |  |
| The Articles of Organization for this Limited Liability Company  Florida document number L21000367838             | were filed on 08/16/2021                                    | and assigned          |  |
| This amendment is submitted to amend the following:   |   |                       |  |
| A. If amending name, enter the new name of the limited liab   | ility company here:   |                       |  |
| Access Ninety Seven LLC   |   |                       |  |
| he new name must be distinguishable and contain the words "Limited Liabil   | lity Company," the designation "LLC" or the a               | bbreviation "L.L.C."  |  |
| Enter new principal offices address, if applicable:   | 4305Bay Point Rd Unit 455                                   |                       |  |
| Principal office address MUST BE A STREET ADDRESS)  | Panama City Beach,FL 32408                                  |                       |  |
|   |   |                       |  |
| Enter new mailing address, if applicable:   | 905 North Chester Ave                                       |                       |  |
| Mailing address MAY BE A POST OFFICE BOX)   | Douglas,GA 31533  |                       |  |
|   |   |                       |  |
| 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the nan                       | ne of the new registe |  |
|   |   |                       |  |
| Name of New Registered Agent:   |   |                       |  |
|   |   | •                     |  |
| New Registered Office Address:  |   |                       |  |
| New Registered Office Address:  | Enter Florida street address                                | 7                     |  |
| New Registered Office Address:  |   |                       |  |
|   | , Florida   | Zip Code              |  |
| New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:                   | , Florida   | Zip Code              |  |

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 |
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| Effective date, if other than the date of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department. | k does not meet the applica   | o date of filing or more that<br>ble statutory filing requ | (optional) n 90 days after filing.) Pursuant to 6 irements, this date will not be l | 605,0207 (<br>isted as th |
| record specifies a delayed effective d<br>d is filed.   | ate, but not an effective tin | ne, at 12:01 a.m. on the                                   | earlier of: (b) The 90th day a  | fter the                  |
| September 14<br>Dated   | 2021                          | _ •  |   |                           |
|   |                               |  |   |                           |
| 100   | 7                             |  |   |                           |
| - Lefsi   | gnature of a member or author | rized representative of a m                                | ember   |                           |

Filing Fee: \$25.00