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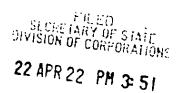
COVER LETTER

	Registration Se Division of Cor			
SUBJEC		TH PL. LLC		
овоне	••	Name of Lim	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please rei	turn all correspo	ondence concerning this matter	to the following:	
		MATTHEW JOHN SOLD)AVINI	
			Name of Person	
		MATTHEW JOHN SOLD	OAVINI, PA	
			Firm/Company	
		791 10TH ST. SOUTH, SI	UITE 301	
			Address	
		NAPLES, FL 34102		
			City/State and Zip Code	
		MATT@SWFLACPA.COM	vI to be used for future annual report no	77
or furthe	er information co	oncerning this matter, please c	·	inication)
латтн: ———	EW JOHN SOL		239 262-7230 at ()	
	Name of	f Person	Area Code Daytir	ne Telephone Number
ıclosed	is a check for th	ne following amount:		
■ \$25. 0	00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 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



(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L22000077568	· ·	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Turning address Mari De Ari Got Grant De Dong		····
3. If amending the registered agent and/or registere gent and/or the new registered office address here:		e name of the new regist
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida Zip Code

w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the wisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and rept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability upany 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PAUL REDDISH	791 10TH ST. SOUTH, SUITE 301 NAPLES, FL 341	(_ ≣ Add
			Remove
			_ 🗆 Change
MGR	LISA CROWE	791 10TH ST. SOUTH, SUITE 301 NAPLES FL 3410) _ ≘ Add
			_ 🗆 Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
			_ 🗆 Change
			_□Add
			_ □Remove
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			□Change

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ctive date, if other than the effective date is listed, the date mu	e date of filing:	ior to date of filing or more th	(optional)	nt to 605.02
e: If the date inserted in this butter is effective date on the E	lock does not meet the app	licable statutory filing rec	uirements, this date will not	t be listed a
ment's checine date on the E	repartment of state's recor	us.		
ord specifies a delayed effecti-	ve date, but not an effective	time, at 12:01 a.m. on th	e earlier of: (b) The 90th c	lay after th
filed.				
d APRIL 8	2022			
<u> </u>	·	<u> </u>		
1 \				

Typed or printed name of signee