14000183604

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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TO:

| TO: Registration Se Division of Cor | | | |
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| SUBJECT: | SEN Sub | 2016. N.C. | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Metion | a Malesty | |
| | | Name of Person | |
| | Suba | Firm/Company Chaple | |
| | <u> </u> | Silver Mapa Parkway | Zi. |
| | Wesley | Chapel FL 33544 City/State and Zip Code | 7. |
| | E-mail address: (| to be used for future inmual report notification) | \ |
| For further information c | oncerning this matter, please c | | |
| Moliese Name o | Moute of Person | at (813) 755-6332 Area Code Daytime Telephone Number | |
| Enclosed is a check for the | he following amount: | | |
| □ \$25.00 Filing Fee | Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en | tus & |
| Mailing Address Registration | Section | Street Address: Registration Section | |
| Division of C P.O. Box 632 | • | Division of Corporations The Centre of Tallahassee | |
| Tallahassee, | | 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | | يتر، |
|---|----------------------------------|-----------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited | ny as it now appears on our reco | <u>rds.</u>) · ⇒ |
| | | |
| The Articles of Organization for this Limited Liability Company | were filed on July 2 | 4, 2019 and assigned |
| Florida document number <u>L19000183604</u> . | Q | ;; - 9 |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| nla | | |
| The new name must be distinguishable and contain the words "Limited Liabi | | |
| Enter new principal offices address, if applicable: | 26570 51 | Iver Made Parkiers |
| (Principal office address MUST BE A STREET ADDRESS) | Westy Chap | e, Fl 33544 |
| | | |
| Enter new mailing address, if applicable: | 0/04 | |
| •• | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | . | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, ent | er the name of the new registered |
| | 1 | |
| Name of New Registered Agent: | n/a | |
| New Registered Office Address: | C (2) 1 | |
| | Enter Florida street add | ress |
| | | Florida |
| | Ciţ | 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> | <u>Address</u> | Type of Action |
|--------------|---------------|------------------------|-------------------------|
| A <u>mbr</u> | David Frazier | 18519 Caercil Crest | ∑ (∑ Add |
| | | Odosca, FL 335 | 5 <i>Lo</i> □Remove |
| | | | □Change |
| MbR | Scott Fink | 4201 W Sylvan Ramble S | S } □Add |
| | | Tampa, FL 33609 | □Remove |
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| f an effective Note: If the | ate, if other the date is listed, the e date inserted ir effective date o | date must be spe this block do | cific and ca es not mee | nnot be prior et the applic | to date of fili able statuto | ng or more tl | han 90 days: | after filing.) | Pursuant to 60 will not be lis |)5.0207 sted as |
| e record spe ed is filed. | cifies a delayed | effective date, | but not an | effective t | ime, at 12:0 | l a.m. on th | ne earlier o | f: (b) The | 90th day aft | er the |
| Dated | 3/1 | 7 ML | · | 2023 | | | | | | |
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| _ | • | Signat | ure of a me | mber or auth | orized represe | entative of a | member | - | - | |
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Filing Fee: \$25.00