1 73000110629

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/21p/Pfione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600408461506

05/22/29--01012--016 **25.00

2023 KEY 22 AN 6: 06

\$ FD/1 1/11 gg 10 203

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: STATE (In Fig. 1) LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Stanteric Crean Name of Person,
Starter Clean Cl.
3COS NW 14th Ct Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please calt:
State Green at Sal X12038U Name of Person at Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
✓ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. 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

tran Terin Green !!

Liability Company)
were filed on Mich 2, 2005 and assigned
ility company here:
lity Company," the designation "L.L.C." or the abbreviation "L.L.C." 3+4
ELESS IF, II MAN LICE
address on our records, enter the name of the new registered
Enter Floridu street address City City Florida 2285 Zip Coae

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>Fitle</u>	<u>Name</u>	Address	Type of Action
WBR	Stroteria Gaen	SHOW DOWN HO	∐Add
.			ZAdd
			□Remove
			DChange
			🖸 Add
			□ Change
			[]Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
	*6.177		□Add

· · · · · · · · · · · · · · · · · · ·	r change(s) here: (Attach additional sheets, if necessary.)
	
	-
	-
ffeeting data if other than the date of fil	ling: (optional)
an effective date is listed, the date must be specific.	of meet the applicable statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but i l is filed.	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
aux. 8/19/23	.
Signature o	of a member or authorized representative of a member
ShonTaco	(7,000

Filing Fee: \$25.00