L01000001785

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Se Division of Cor			
	ERS, L.L.C.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter		
	JOY B. WILLIAMS		
		Name of Person	
	<u></u>	Firm/Company	 -
	2225 COLLINS LANE		
		Address	
	LAKELAND, FL 33803		
	joyw1213@gmail.com	City/State and Zip Code	
Far firsther information of	E-mail address: (oncerning this matter, please o	to be used for future annual report not	tification)
VICTOR TROIANO	oncerning this matter, picase c	863 688-7038	
Name o	f Person	at (ne Telephone Number
Enclosed is a check for the	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, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	Section	Street Address: Registration So Division of Co	
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
"he Articles of Organization for this Limited I		
-	Elability Company were filed on	and assigned
Torida document number L01000001785	·	
This amendment is submitted to amend the fol	llowing:	
A. If amending name, <u>enter the new name</u>	of the limited liability company h	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the c	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	
If amending the registered agent and/or		ecords, enter the name of the new registo
gent and/or the new registered office addr	ess here:	
Name of New Registered Agent:	JOY B. WILLIAMS	
New Registered Office Address:	2225 COLLINS LANE	
	Enter Flo	ida street address
	LAKELAND	, Florida ³³⁸⁰³
	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.

f Changing Resistered 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>	Name	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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ffecti an eff	ve date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	and a critective date on the Expandition of State a recordary
recor	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is fil	ed.
)atad	angust 16 2023
Jaica .	<u> </u>
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00