## L01000015836

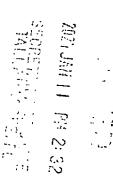
н)	Requestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
Richardson	& Tynan, PLC		
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:	
	Nola M. Richardson		
		Name of Person	
	Richardson & Tynan, PLC		~ 2K
		Firm/Company	Tage F
	8142 N. University Dr.		SECRETO
		Address	
	Tamarac, FL 33321		1 PX 2:
	<del></del>	City/State and Zip Code	32
	nrichardson@rtlawoffice.ce	om  to be used for future annual report notification)	
For further information of	concerning this matter, please c		
Nola M. Richardson		954 721-7300	
Name o	of Person	Area Code Daytime Telephone	e Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporation The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, FL 32303	ee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Lia</u> (A Flo	bility Company as it no orida Limited Liability Co	ow appears on our records.) ompany)	
The Articles of Organization for this Limited Liabilit	y Company were file	ed on 9/7/2001	and assigned
Florida document number L01000015836			
his amendment is submitted to amend the following			
a. If amending name, enter the new name of the	limited <u>liability com</u>	ipany here:	C. 101
Nola M. Richardson, P.L.C.		سرا محمد المحمد	
he new name must be distinguishable and contain the words "	Limited Liability Compa	ny," the designation "LLC" or the ab	breviation L.L.C.:
Inter new principal offices address, if applicable:	no cha	nge ,	
(Principal office address MUST BE A STREET ADDRESS)			
rincipal office address MOST BE A STREET AD	<u> </u>		<del>ැති ලි</del> - , -
			THE POPULATION OF THE POPULATI
	no cha	nge	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
3. If amending the registered agent and/or registogent and/or the new registered office address her		on our records, <u>enter the nam</u>	e of the new regist
Name of New Registered Agent: No	ola M. Richardson		
New Registered Office Address: 81	42 N. University Dr		
The Megistered Office Address.		Enter Florida street address	
Ta	marac	Florida <sup>33.</sup>	321
_	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.

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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kevin P. Tynan	8142 N. Uinversity Dr	
		Tamarac, FL 33321	■Remove
			□Change
			□ Add
	•		□Remove
			Elighange
			71. Ω 
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ective date, if other than th	e date of filing:	(op	tional)
n effective date is listed, the date mi te: If the date inserted in this b	ast be specific and cannot be prior to date block does not meet the applicable si	of filing or more than 90 days aft atutory filing requirements, the	er filing.) Pursuant to 605.020 his date will not be listed a
cument's effective date on the l	Department of State's records.		
	Lete her not an affective time of	12:01 a.m. on the earlier of	(b). The 90th day after the
is filed.	ve date, but not an effective time, at	12.01 a.m. on the camer of	of the minday area in
January 8	2024		
ted	··		
1000	Signature of a member or authorized		