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COVER LETTER

TO:	Registration Sec Division of Corp		
SUBJI	PCT.	SCM Hones, UC	
SUBJI	ECI:	Name of Limited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are submitted for filing.	
Please	return all correspon	ndence concerning this matter to the following:	
		Justin G. Cewato Name of Person	
		Cerrato and Buchenau, ULP Firm/Company	
		4709 Pablo Dam Ct. 2nd Floor	
		City/State and Zip Code	
		City/State and Zip Code Servato @ blue v cean title. com E-mail address: (to be used for future annual report notification)	
For fu	rther information co	oncerning this matter, please call:	
	Name of	2. Cevrat at (904) 238-3646 Person Area Code Daytime Telephone Number	
Enclos	sed is a check for the	e following amount:	
2 52	25.00 Filing Fee	(additional copy is enclosed) Certified C	of Status &
	Mailing Address Registration S		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Sem Hon	· -
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number	FILED (327 M)
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2607 Fevol Lane Lynn Haven, FC 32444
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2407 Ferol Lane Lynn Haven, FL 32444
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>

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 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
MGR	Christopher Morton	2607 Fevol Lane	\ Add
		Lynn Haven, FC 32444	□Remove
			Change
4 <u>MBR</u>	Raul F. Morton II, TTE	257 Plantation Cir. S.	□Add
		257 Plantation Cir. S. Ponte Vedra Beach, FC 7208	F2 KRemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
			∏Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	
	
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If an effect <u>Note:</u> If	e date, if other than the date of filing:
e record s rd is filed	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 l.
Dated	Ayrst , 2024 .
	Signature of a member or authorized representative of a member
	Typed or printed name of signee Typed or printed name of signee Representations