L04000085470

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations	
SUBJECT: Partable Shade P. Name of Limited Liabil	ity Company
The enclosed Articles of Amendment and fee(s) are submitted fo	r filing.
Please return all correspondence concerning this matter to the fol	lowing:
Kathy Nappier	me of Person
Fir	nn/Company
114 Redwood	Lane N Address
Largo, FL 3 city/sti	3770 ate and Zip Code
KLNappier @ ama E-mail address: (lobe used	for future annual report notification)
For further information concerning this matter, please call:	
Kathy Nappier all	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Co	5.00 Filing Fee & Certified Copy dditional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 4040085470 .	were filed on $\frac{9/21/24}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability".	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Largo, EL 33770
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	114 Redword hane N & = hargo, FL 33770 = =
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 114 Rec	Enter Florida street address
Large	City, Florida 33770 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 = M AMBR = A	Aanager Authorized Member	<i>,</i>	•
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□ Remove
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(If an effect Note: 1:	e date, if other than the date of filing:
the record	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
Dated _	Sept. 21 . 2024.
	Signature of a member or authorized representative of a member
	Kathy L Nappier Typed or printed name of signee

Filing Fee: \$25.00