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A. RIVERS MAY - 5 2023

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: Pegasus Mane of I	ragement of Florida LLC
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
	Alice & Miller Name of Person
Alice	's Accounting + Tax Sevices Inc
<u>4820 l</u>	15. Hwy 98 N Ste #4
Laxela	nd FL 33809
alices ac	City/State and Zip Code Counting Q yahoo. Com s: (to be used for future annual/report notification)
For further information concerning this matter, please	e call:
Alice A. Miller Name of Person	at (863) S58-777 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\sum \text{Certificate of Status}\$	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	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

The Articles of Organization for this Limited Liab Florida document number		vere filed on 12	127/200	and assig	gned
This amendment is submitted to amend the follow	•				
A. If amending name, enter the new name of t	he limited liabil	ity company here:			
The new name must be distinguishable and contain the wor	rds "Limited Liabilit	y Company," the design	ation "LLC" or the a	bbreviation "L.L.	C."
Enter new principal offices address, if applicat	ble:	4827 C	restridge	Lane	NW
(Principal office address MUST BE A STREET	ADDRESS)	Cleveland	()	37312	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Box) B. If amending the registered agent and/or reg		4820 U. Lakeland	S. Hwy C	18 N, S- 3809	te#4
agent and/or the new registered office address	-'	idi ess on our recorv	us, <u>enter the har</u>	SK-SK-SK-SK-SK-SK-SK-SK-SK-SK-SK-SK-SK-S	FTI FTI
Name of New Registered Agent:	Alica	e A. Mille	000	FLORAGE #	- \ 2
New Registered Office Address:	<u>4800</u>	Enter Florida si	rvet address	UTE! -	Ţ
	LaKela	.nl City	, Florida _	33800 Zip Code	<u> </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

New Registered Agent's Signature, if changing Registered Agent:

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>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			☐ Change
			□Add
			Change
			□Remove
			□Change
			□Add
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If an effect <u>Note:</u> 1	ve date, if other than the date of filing: 2 / 6 / 2 (optional) retive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ent's effective date on the Department of State's records.	5.0207 ted as
record d is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aftered.	er the
Dated _	2/16/2023	
	Signature of a member or authorized representative of a member	
	Dennis Lorst Typed or printed name of signee	