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	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
PICK-UP	WAIT	☐ MAIL
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Certified Copies	Certificates of	Status
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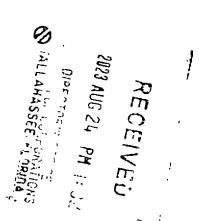


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R. HUNT 08/24/23



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Checkit LLC					
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on imited Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Company were filed on 8/16/2005			and assigned		
Florida document number L05000080937			_		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	d liability company here:				
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	ation "LLC" or the abbr	eviation "L.L.C		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	-	202	- 1	
			3 AUG	- 15E	
) 9.C	- 독종 - 독종	
Enter new mailing address, if applicable:				<u>677</u>	
(Mailing address MAY BE A POST OFFICE BOX)			PX	_ ##C	
		-	0		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our record	ds, <u>enter the name</u>	of the new r	egistered	
Name of New Registered Agent:		_		. <u>.</u>	
New Registered Office Address:					
	Enter Florida st	reet address	<u>-</u>		
-		, Florida			
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Deadra Jordan	485 Mariner Blvd.	= Add
		Spring Hill, FL 34609	□Remove
			□Change
AMBR	Samantha Meeson	485 Mariner Blvd.	= Add
		Spring Hill. FL 34609	□Remove
			Change
AMBR	Jason Grace	485 Mariner Blvd.	= Add
		Spring Hill, FL 34609	□Remove
			□Change
AMBR	Steve Peck	485 Mariner Blvd.	
		Spring Hill. FL 34609	□Remove
			□Change
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E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	st be specific and cannot be lock does not meet the a	e prior to date of fi applicable statut	ling or more than 90 day	(optional) 's after filing.) Pursuan ts, this date will not	t to 605.02 be listed	207 (3)(as the
f the record specifies a delayed effective ecord is filed.	e date, but not an effect	tive time, at 12:	01 a.m. on the earlier	of: (b) The 90th da	ıy after th	ne
Dated 24 August	2023	·				
GZE						
GZF?	Signature of a member of		sentative of a member			

Filing Fee: \$25.00