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| | (Rec | questor's Name) | | • |
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| | (City | /State/Zip/Phon | e #) | • |
| PIC | K-UP | | MAIL | |
| | (Bus | iness Entity Na | me) | • |
| | (Doc | cument Number) | | • |
| Certified Copies | | Certificate | s of Status | |
| Special Instruc | tions to F | iling Officer: | | |
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10/26/23--01010--009 **25.00

2023 OCT 26 PH 12: 40



COVER LETTER

D: Registration Section Division of Corporations

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GONL, LLL UBJECT:

Name of Limited Liability Company

he enclosed Articles of Amendment and fee(s) are submitted for filing.

lease return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

2023 OCT 26 PK12: 4

Name of Person

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee.
 Certificate of Status &
 Certified Copy
 (additional copy is enclosed)

Mailing Address:

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

Street Address:

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 | | |
|---|-------------|--|
| e Articles of Organization for this Limited Liability Company were filed on 10/26/2005 and assigned orida document number | | |
| is amendment is submitted to amend the following: If amending name, <u>enter the new name of the limited liability company here</u> : | | |
| e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Iter new principal offices address, if applicable: <u>rincipal office address MUST BE A STREET ADDRESS</u> | | |
| nter new mailing address, if applicable: <u>Aailing address MAY BE A POST OFFICE BOX</u> | 2023 | |
| . If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>gent and/or the new registered office address here</u> : | 2023 OCT 26 | |
| Name of New Registered Agent: New Registered Office Address: Matt Rismiller 3970 E Osceola Rd Enter Florida street address Genera City Zip Code | 0h :21 Hd | |

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

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the vovisions of all statutes relative to the proper and complete performance of my duties, and 1 am familiar with and vecept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is veing filed to merely reflect a change in the registered office address, 1 hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

umending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager 1BR = Authorized Member

| le | Name | Address | Type of Action |
|------|----------------|---|----------------|
| mbr | Rismiller Matt | 3780 E Osceola Rd Geneva, fr 32732 | Add |
| | / | Gene 10, fr 32732 | Remove |
| | | | 🗌 Change |
| 1MBR | Byington Ross | 6726 Curran Street | Xud |
| | | 6726 Curran Street 2nd Floor McLean, VA 22101 | CRemove |
| | | McLun, VA 22101 | Change |
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| If amending any other information, enter change(s) here | : (Attach additional sheets, if necessary.) |
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| e date, if other than the date of filing: | (ontional) |
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2023 OCT 26 PH 12: 40

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 scord is filed.

October 10 2023 MAN Signature of a member or authorized representative of a member Dated Matt Rismiller Typed or printed name of signee

Filing Fee: \$25.00