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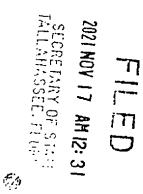
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	CT: RJOLLC			
		Name of Lim	ited Liability Company	
The enc	dosed Articles of	Amendment and fec(s) are sub	mitted for tiling.	
Please r	return all correspo	indence concerning this matter	to the following:	
		Lehn E. Abrams		
		÷	Name of Person	
		Arnold, Matheny & Eagan	, P.A. Firm/Company	<del></del> -
		605 E. Robinson Street Su		
			Address	
		Orlando, FL 32801	City/State and Zip Code	
		Iabrams@ameorl.com E-mail address: (	to be used for future annual report no	tification)
For furt	her information c	oncerning this matter, please ca	ill:	
Lehn E	. Abrams		at (407 ) 841-1550	
	Name of	Arnold, Matheny & Eagan, P.A.  Firm/Company  605 E. Robinson Street Suite 730  Address  Orlando, FL 32801  City/State and Zip Code  labrams@ameorl.com  E-mail address: (to be used for future annual report notification)  neerning this matter, please call:  at (407 ) 841-1550  Area Code Daytime Telephone Number		
Enclose	d is a check for th	ne following amount:		
<b>3</b> \$25	6.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres Registration S		Street Address:	action
	Division of C		Registration Se Division of Co	
	D O Day 622	•	The Course of	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

RIOLLC

2021 NOV 17 AM 12: 31

this Limited Liabi 00112843 amend the following the new name of the	lity Company (	vere filed on <u>11</u>	/22/2005	CRETARY OF STATE LAHASSEE, FULL and assigned
this Limited Liabi 00112843 amend the following the new name of the	lity Company (	vere filed on <u>11</u>	/22/2005	and assigned
amend the following new name of the	ng: e limited liabi			<u> </u>
e new name of the	e limited liabi	ity company ho	ere:	
e new name of the	e limited liabi	ity company he	ere:	
		ity company ne	<u>ere</u> :	
and contain the words	ent ionitual Linbili			
	S TAIRIICG LAGOIII	y Company," the d	lesignation "LLC" or	r the abbreviation "L.L.C."
dress, if applicable	e:			
BE A STREET A	(DDRESS)			
applicable:			<del></del>	
<u>OST OFFICE BO</u>	<u>X)</u>	-	<del></del>	
agent and/or regis	ctared office o	ddrose on our r	peords anter the	e name of the new registe
9		idiess on oai i	ecorus, <u>enter tin</u>	e name of the new registe
red Agent:		- <del></del>		
: Address:				
		Enter Flo	rida street address	
_		<i>(</i> );	, Flori	da
		Cily		Др Code
ive to the proper c osition as register	and complete pred agent as printered office	performance of rovided for in (	<sup>e</sup> my duties, and Chapter 605, F.S	I am familiar with and S. Or, if this document is
<u> </u>	applicable:  OST OFFICE BO  agent and/or regised office address had office address had office address had office address had office address:  are, if changing Registered active to the proper consition as registered.	applicable:  OST OFFICE BOX)  agent and/or registered office aced office address here:  red Agent:  e Address:  are, if changing Registered Agent:  ent as registered agent and agre- tive to the proper and complete position as registered agent as p	applicable:  OST OFFICE BOX)  agent and/or registered office address on our red office address here:  red Agent:  Enter Flo  City  are, if changing Registered Agent:  ent as registered agent and agree to act in this rive to the proper and complete performance of position as registered agent as provided for in the control of the proper and complete performance of position as registered agent as provided for in the control of the proper and complete performance and complete perfo	applicable:  **POST OFFICE BOX)**  agent and/or registered office address on our records, enter the ed office address here:  **red Agent:**  **Enter Florida street address*  **FloriCity**

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>	Name	Address	Type of Action
MGR	RAWLINS J. OVERSTREET	4855 Joe Overstreet Road	□Add
		Kenansville, FL 34739	□Remove
			\bullet Change
AMBR_	SHARON C. OVERSTREET	4855 Joe Overstreet Road	
		Kenansville, Ft. 34739	□Remove
			■ Change
AMBR_	WAYLON J. OVERSTREET	4859 Joe Overstreet Road	<b>≘</b> ∧dd
		Kenansville, F1. 34739	□Remove
			☐ Change
AMBR	Brittany H. Overstreet	4859 Joe Overstreet Road	<b>■</b> Add
		Kenansville, F1, 34739	□Remove
		<del></del>	□Change
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an effective date is ote: If the date		specific and cannot does not meet the	applicable statute		( <b>optional</b> ) ys after filing.) Pursuant to- nts, this date will not be:	
record specifies is filed.	a delayed effective da	ite, but not an effe	ective time, at 12:0	Ha.m. on the earlie	r of: (b) The 90th day a	ifter the
	157	. 2021	<u> </u>			
ated <u>October</u>	37					
ated <u>October</u>	.,,		Find	sentative of a member		