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(Re	questor's Name)	
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COVER LETTER

Division of Corp			
SUBJECT:	Startart Name of Limi	Group, LL ited Liability Company	<u></u>
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	<u> </u>	Name of Person	MGR)
	Starge	Firm/Company	L C.
	1955 Ba	Meair Road	
	_	ter FL 3376 City/State and Zip Code	
	doumet E-mail address: 0	Oattelolol, y	fication)
For further information ed	oncerning this matter, please ca	all:	
Music of Name of	Doumet	at (<u>177</u>) <u>68</u> Area Code Daytim	7-0953 e Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 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

FILED 2022 JUL 26 PM 12: 13

C: 1			20 PH 12: 1	3
Same of the Link	ed Liability Company as i	now appears on our records.) y Company)	TALLAHASSEE, FL	
The Articles of Organization for this Limited L	`	filed on 05/24/2	2006 and assigned	
Florida document number <u>LOGOO</u>	0 54010	•		
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability c	ompany here:		
The new name must be distinguishable and contain the v	words "Limited Liability Cor	npany," the designation "LLC" o	r the abbreviation "L.L.C."	
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addre		ss on our records, <u>enter th</u>	e name of the new register	<u>ec</u>
Name of New Registered Agent:				
New Registered Office Address:	1910 Sad	Enter Florida street address	<i>N</i> .	
	Dinedia	, Flori	da 34698 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 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
MGR	William S. Konra	λ	🗆 Add
			□Remove
		5286 Poinciona Cir. New Port Richey, FL 346	Change
		New Port Kichey, FL 346	.53 Dadd
			□Remove
			□ Change
			🗆 🗆 🗀 Add
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Effective date, if other than the date of fan effective date is listed, the date must be spec-	of filing:		(option	ial) 💯	<i>i</i> 22
Note: If the date inserted in this block doc	es not meet the applic	able statutory filing	e than 90 days after for requirements, this	date will n	ant to 605,020 of be fisted a
document's effective date on the Departme	ent of State's records				
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e record specifies a delayed effective date, rd is filed.					
rd is filed.	·				

Filing Fee: \$25.00