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FILED 2022 AUG -8 AM 6: 56 SECRETARY OF STATE TAIL AHASSEE, FL

COVER LETTER

TO: Registration Sec Division of Corp	ction porations		
SUBJECT:	TASTE OF Name of Limit	VAPLES LLC ited Liability Company	
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:	
	Danie	BIIZOY Name of Person	
		Firm/Company	
	2108 Mis	Sion Drive Address	
	NAPLES	FL 34109 City-State and Zip Code	
	E-mail address: (1	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Daniel Name of	BI/707 Terson	at (404) 428 - Area Code Daytime	-738j Telephone Number
Enclosed is a check for th	e 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)

<u>Mailing Address:</u>

TO:

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

LASTE OF NAPL	ES, LLC.
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	<u>ที่y as it ndw appears on our records.</u>) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u> 나이기이 [교육이닉용</u>].	were filed on 12/14/07 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Napus, FL 34108
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Lose Pelican Boy Elvation To Napus FL 34108 12 6
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	FL FL .
Name of New Registered Agent:	aniel Bilzor
New Registered Office Address: <u>6361</u>	Pelican Boy Blid #902 Enter Floridd street address
Naplus	. Florida 34108 Zip Code
Non-Dagistarad Agant's Signature if changing Dagistarad Agants	

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

Title	<u>Name</u>	Address	Type of Action
MGR	Colin Schreck	28750 Trails Edge Blvd	XAdd
		unit 206	□Remove
	•	Bonita Springs , FL 341	34 □Change
AMBR	Daniel Bilzar	2108 Mission Dr	XAdd
		Naples, FL 34109	□Remove
			□Change
	~···		🗆 Add
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ective date	if other than the date	of filing:		(optio	onal)
n effective dati	is listed, the date must be spe	ecific and cannot be pri		nore than 90 days after	filing) Pursuant to 695,0207 date will not be listed as
	ctive date on the Departn			ng requirements. Inc	duc vin me de mice un
	s a delayed effective date,	, but not an effective	time, at 12:01 a.m	on the earlier of: (b) The 90th day after the
is filed.					
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	//	112	<u> </u>		
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	Signar	ture of a mumber or au	nted name of signee		