L08000084997

(Requestor's Name)
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Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspe	indence concerning this matter	to the following:	
	W. Alan Winter, Esquire, I	Registered Agent	
		Name of Person	
	c.o The Winter Law Firm		
		Firm/Company	
	1015 Atlantic Blvd., Suite	154	
		Address	· · · · · · · · · · · · · · · · · · ·
	Atlantic Beach, Florida, 32	1233	
		City/State and Zip Code	
	awinter@winterlawfirm.cor		
	E-mail address: (to be used for future annual report notific	ration)
For further information c	oncerning this matter, please ca	all:	
W. Alan Winter, Esquire	, as Registered Agent	904 545-3662 at ()	
Name o	f Person	Area Code Daytime	l'elephone Number
Enclosed is a check for th	ne 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 Addres Registration S		<u>Street Address:</u> Registration Sect	ion
Division of C		Division of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1	HI	;	B(Ю	.KF	OR	COM	PA	NΥ	LLC

(Name of the Lim	ited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited I Florida document number 1.08000084997		were filed on Septembeer 08, 2008	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liabi	lity company here:	
No change			
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	cable:	Same, no change	
(Principal office address MUST BE A STRE	ET ADDRESS)		···
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	Same, no change	
B. If amending the registered agent and/or agent and/or the new registered office addr		ddress on our records, enter the nam	ne of the new registe
Name of New Registered Agent:	Same, no change	e	3 25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
New Registered Office Address:	c/o Winter Law	Firm, 1015 Atlantic Blvd., Suite 154	7: 25:
	Atlantic Beach	Enter Florida street address , Florida ³²	233
		, 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>	<u>Address</u>	Type of Action
	No change.		□Add
			□ Kemove
			□Change
			□Add
			□Remove
			□Change
-			/ □Add
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			□Remove
			☐Change

2023
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Filing Fee: \$25.00

Typed or printed name of signee