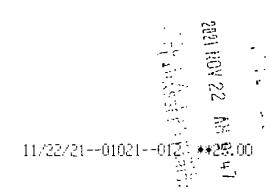


Victoria Nunneley 112 Eventide Dr Port Saint Joe, FL 32456
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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12-10-21 TAS.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	rmas L	<u> </u>		
(Name of the Limit	ed Liability Compar (A Florida Limited I	ny as it now appears o liability Company)	n our records.)	
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
The Articles of Organization for this Limited L	iability Company	were filed on	118/2008	and assigned
Florida document number 080000			1	
Florida document humber	2051056			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	<u>f the limited liabi</u>	lity company here	•	
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the desig	gnation "LLC" or the abi	previation "L.L.C."
Enter new principal offices address, if applic	a blos			
• • • • • • • • • • • • • • • • • • • •			****	
(Principal office address MUST BE A STREE	<u>TADDRESS)</u>		 -	182
				202
				W
Enter new mailing address, if applicable:				20 A
				- <u> </u>
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
		 -		(بي
B. If amending the registered agent and/or r		ddress on our reco	ords, <u>enter the name</u>	e of the new register
agent and/or the new registered office address	ss here:			
Name of New Registered Agent:				
V b i log i	101	REID A	111	
New Registered Office Address:	_706_	Enter Florida	street address	
	0			
	4014 S	51. JOE	, Florida	35426
		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 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	IAN NUNNELEY	209 CRISTINS CURVE REPORT ST. JOE, FL 32456	O. DAdd
			□Remove
			□Change
			□Add
			□Remove
			Change
MGR	VICTORIA NUNELEY	112 EVENTOE DE	
		PORST JOE, FL 3245	C Remove
			Charge
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
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Typed or printed name of signee