

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (Addless) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer |
| |
| |
| J. HORNE AUG 2 1 2023 |
| , ORTA MA |
| 7 42 1 mrs |
| We r |
| , T |
| |





07/24/23--01029--002 **25.00



COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: CONOV and Cas | kins Unlimited, LLC nited Liability Company |
| The enclosed Articles of Amendment and fee(s) are sub- | omitted for filing. |
| Please return all correspondence concerning this matter | to the following: |
| Carol | Name of Person L. Le Geau Firm/Company |
| 495 | 3 Castello Dr. Stute 200 |
| Naple (cso)@ | City/State and Zip Code |
| E-mail address: | (to be used for filture annual report notification) |
| For further information concerning this matter, please of Aro Name of Person | all: at (239) 262-3544 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| ✓ \$25.00 Filing Fee | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section | Street Address: Registration Section |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

| Connor and Ca. | skins Unlimit | ea, LLC |
|--|--|--|
| (Name of the Limited Liability Co (A Florida Limi | mpany as it now appears on o ited Liability Company) | our records.) |
| The Articles of Organization for this Limited Liability Comp | oany were filed on 1111 | 7 2010 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| The new name must be distinguishable and contain the words "Limited 1 | Jiability Company." the designa | ution "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here: | ice address on our record | ds, enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | e e e | |
| | Enter Florida st | reei auaress |
| | City | , Florida 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 |
|--------------|---|----------------------|-----------------------------------|
| AMBR | Clifford Twetan | 6140 Hidden Oaks Lan | le_ □Add |
| \star | only charge is the Spelling of the last name. | Naples, FL 34119 | |
| | last name. | | 🖾 Change |
| | <u> </u> | | 🗀 Add |
| | | | □Remove |
| | | | □Change |
| . —— | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | Remove |
| | | | Change |
| | <u> </u> | | 🗆 Add |
| | | | Remove |
| | | | □Change |
| | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | | | □Remove |
| | | | □ Change |

| _ | |
|-----------|---|
| | |
| | |
| | |
| _ | |
| _ | , |
| _ | |
| | |
| | |
| _ | |
| _ | |
| _ | |
| | |
| _ | |
| _ | |
| _ | |
| an effec | re date, if other than the date of filing: |
| ocume: | nt's effective date on the Department of State's records. |
| | |
| | |
| | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d. |
| l is file | d. |
| | d. |
| l is file | d. |