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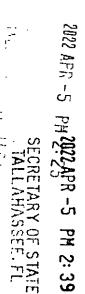
(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	D (TUI ONET Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Utiba	D-EAZ LE Name of Person	
		Tirdner LLC Firm/Company	
		Firm/Company	
	1515 Vine	Address Lini	<u></u>
	<u>Fleming</u> Is	City/State and Zip Code	2003
		erdner LLC . Com	
For further information c	oncerning this matter, please ca		
Name o	CAZ le Person	at (CD4) 607 Area Code Daytim	SEAE De Telephone Number
Enclosed is a check for th	ne following amount:		
₩ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 APR -5 PM 2: 39

W.D Gararer	L L C SECRETARY OF STATE
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our recommendation of STATE ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number	were filed on Oct 17 2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1515 Vineland (irde
(Principal office address MUST BE A STREET ADDRESS)	1515 Vineland (Irde Unit C Flaming Island FL 32003
	Fleming Island FL 32003
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O Box 4419 Fleining Island FL 32006
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	_
Name of New Registered Agent: Utibe	Deazle
New Registered Office Address: 1515	Vine land Circle Unit C Enter Florida street address
<u>- Flémina</u>	Island Rorida 32003 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
MGR	Utiba Deazle	1515 Vineland Circle Unit C	t Add
		Fleming Island FL 32003	□Remove
			□Change
MER	William Gardner Jr	William Gardner J.	□Add
		1922 Salt Myrtle Ln	TRemove
		Fleming Island FL 32006	□Change
			DAdd
			□Remove
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	ther than the date	e of filing:		(option	nal)
Effective date, if o	serted in this block d	does not meet the ap	pplicable statutory fili	more than 90 days after t ng requirements, this	iling.) Pursuant to 605.0207 date will not be listed as
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