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MAY 13 S. PRATHER

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: De	YVY S LOS	100 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:	
	Jerry -	Name of Person	
	Derry's	Firm/Company	
	_638 Rol	Address Cemetery	Road
	Wewahita	City/State and Zip Code	32465
	Payday fayt	(CE) G WAI ! COY	ation)
For further information co	encerning this matter, please ca	all:	
De Vyy T. Name of	Cunton	at (350) 351- Area Code Daytime	7748 Telephone Number
Enclosed is a check for the	c 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

ging, LLC.	1
ability Company as it now appears on our reco orida Limited Liability Company)	rds.)
	· -
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limited liability company here:	
"Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
:	
DDRESS)	
	
2	
	r the name of the new regis
<u>re</u> :	
Enter Florida street addr	ess.
_	31
	Florida Zin Code
	ered office address on our records, entere: Enter Florida street address, F

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	Joseph Luke Taunton	680 Roberts Cemetery Ro	_ DAdd
		Wenschitchka, FL 32465	
			□Change
AMBR	Peter Thomas Tourton	1638 Poherts Cemetery Rd Wenahitchka, FL 3240	_ &Add
	iga	Wenahitchka, FL 3240	□Remove
			Change
			□Add
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	nal)
If the date inserted in this block does not meet the applicable statutory filing requirements, this iment's effective date on the Department of State's records.	date will not be listed
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) filed.	The 90th day after th
Junty J. Jounty Signature of a member or authorized representative of a member	2025
0 . 7 . 7 +	: : :-
Signature of a member or authorized representative of a member	
Derry T. Taunton Typed or printed name of signee	~-