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METHE LARVOY STATE

MAR 2 4 2015 C. CARROTHERS

TO: **Registration Section Division of Corporations SUBJECT:** Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: and Lons Firm/Company For further information concerning this matter, please call: Enclosed is a check for the following amount: \$30.00 Filing Fee & □ \$60.00 Filing Fee, □ \$55.00 Filing Fee & □ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sane	(Name of the Limited Liability Comp. (A Florida Limited	pany as it now appears on our records I Liability Company)	<u>s,</u>)
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LUC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the negistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	The Articles of Organization for this Limited Liability Compan Florida document number <u>L1200043718</u> .	y were filed on <u>3-25-25</u>	and assigned
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LUC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the pregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	This amendment is submitted to amend the following:		
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New Registered Office Address: Enter Florida street address , Florida			s, enter the name of the new
New Registered Office Address: Enter Florida street address , Florida			
Enter Florida street address , Florida	Name of New Registered Agent:		
Enter Florida street address , Florida	New Registered Office Address:		
		Enter Florida street address	s
City Zip Code		, Flo	
	-	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> **Name Address Type of Action** Jeff Szukabk: 6474 Wellington Dr MAdd _ Add ☐ Remove □ Add ☐ Remove □ Add □ Remove □ Add ☐ Remove □ Add □ Remove

I	f amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•		•
		0-
(1	The effecti	e date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
Ι	Dated	3-2-2015
		Signature of a member or authorized representative of a member
		Typed or printed name of signee

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Filing Fee: \$25.00