# N12000050570

(Requestor's Name)
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(Business Entity Name)
(Document Number)
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22 MAY -9 AM 9: 00

T. MATTHEWS JUN 3 0 2022

### **COVER LETTER**

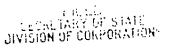
TO: Registration Sect Division of Corpo	ion orations		<b>.</b>
SUBJECT:	EMERLO! Name of Limite	LLC	<u> </u>
	mendment and fee(s) are subm		
Please return all correspon	dence concerning this matter to	the following:	
	Erw	Name of Person	
		Firm/Company	
	5541 W.	Anthony Rd Address	
	Ocala,	City/State and Zip Code    (a) a mail. Ca o be used for futtye annual report n	175
	ER 073 E-mail address: (t	o be used for future annual report n	otification)
For further information co	oncerning this matter, please ca	all:	
Erwin F		at (352)20 Area CodeDay	8-9078 time Telephone Number
Enclosed is a check for the \$25.00 Filing Fee	ne following amount:  \$\Bigsirem\$ \$30.00 Filing Fee &  Certificate of Status	☐ \$55.00 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



(Name of the Limited	Liability Company as it now appears on our Florida Limited Liability Company)	22 MAY -9 AM 9: 00
The Articles of Organization for this Limited Liab	ility Company were filed on	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable of the Astractal	le:	on "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		, Florida
	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>	Name	Address	Type of Action
AMBR	Bethany Locke	3990 NE 6th Ct	CAdd
		3990 NE 6th Ct Ocala, Florida 34479	□Remove
			Change
<del></del>			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			□Change
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			Remove
			Change
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			Change
			□Add
			□Remove
			Change

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<del> </del>		-
Note: If the date t	other than the date of filing:	)5.020' sted as
ne record specifies a ord is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	ter the
Dated <u>5-4.</u>	Um Wren Signature of a member or authorized representative of a member	
	Erwin Rivera Typed or printed name of signee	