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(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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(Do	cument Number)	
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SECRETARY COESTATE

Y. SCOTT

1JUL - 8 Ziku

COVER LETTER

Division of Cor	porations		
SUBJECT:	Mane of Lin	on A wood L	LC
	Amendment and fec(s) are su	-	
Please return all correspon	ndence concerning this matte	r to the following:	
	Lyr	Name of Person	LIC 2023 MAY 10
	- VI laza	Firm/Company	LUC EN TO
	3759 B	antley Place	PH 2: 09
	Apople	Sq EL 32 City/State and Zip Code	703
	E-mail address:	to be used for future annual report noti	fication)
For further information co	ncerning this matter, please o	all: 407 298 at (401) 252	- 3569 - 4741 e Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 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		C	

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 Compa	na wood	records)	
(A Florida Limited t	Liability Company)	<u>*****</u>	
The Articles of Organization for this Limited Liability Company Florida document number <u>L120005616</u> 4	were filed on APRi	12012 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designatio		
Enter new principal offices address, if applicable:		2023	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		D PH 2 09	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new register	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	Cny	Zip Code	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my dut provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is	

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

Title	<u>Name</u>	Address	Type of Action
MGR	Lynn S. Masou	3759 Bantley Placelia	rletrad
		3759 Bantley Place Cia Apopla, FL 32703	∑ □Remove
			□Change
MGR	Mitchell D. Margui	3759 Brankley Place Ci	<u>R.</u> Dadd
	V	3759 Brantley Place Ci Apopka, FL 3270	<u>3</u> □Remove
			□Change
			ZOZ Add Remove
		E SIA	Chiange 11 2: Ud Add
			□Remove
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ffective date, if other the an effective date is listed, the described in the locument's effective date on	ate must be specific a this block does not	ind cannot be prio t meet the appli	cable statutory f	r more than 90 days	optional) after filing.) , this date w	Pursuant fill not b	to 605.020 be listed as
record specifies a delayed e Lis filed.	ffective date, but n	ot an effective	time, at 12:01 a.:	m. on the earlier o	f: (b) The	90th day	y after the
Dated May	8	-202 T Ox	3.	、			
	Signature of	a phember or auth	orized representa	tive of a member			

Filing Fee: \$25.00