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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: ALABAMA	ASSETSIIC		
SUBJECT: ALABAMA	Name of Limit	ted Liability Company	-
	Amendment and fee(s) are subtendence concerning this matter t		
	BOBBY WARNER	Name of Person	
		Finn/Company	
	524 E. ZARAGOZA ST.	Address	
	PENSACOLA, FL. 32502	City/State and Zip Code	,
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	ili:	
Bobby Warner Name o	f Person	at ( <u>850</u> ) <u>346-2222</u> Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$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 of Control P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monre	orporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/15/2012 and assigned Florida document number 1.12000065112 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 524 E. ZARAGOZA ST. Enter new principal offices address, if applicable: PENSACOLA, FL. 32502 (Principal office address MUST BE A STREET ADDRESS) 524 E. ZARAGOZA ST. Enter new mailing address, if applicable: PENSACOLA, FL. 32502 (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 new registered agent and/or the new registered office address here: Name of New Registered Agent:

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

ALABAMA ASSETS LLC

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.

Enter Florida street address

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	<u>Address</u>	21 OCT -6 PH 1: 02	Type of Action
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Dated	September 30		2021		
		Sally Lucion Signature of a men	MO 1		
		WILLIAM ILLAND			

Typed or printed name of signee