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LLAHASSEE, FLO

2 MAY 24 AM 11:08

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A RAMSEY
MAY 2 5 2022

TO: Registration Section Division of Corporations 1 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: Firm/Company esnuzzo@ E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ☐ \$55.00 Filing Fee & \$\$ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite \$10

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

ed 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 6/15 Florida document number <u>L120</u>007961.1 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." 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) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

v Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and 2pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany 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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			. DChange
			□ Add
			□Remove
			Change
			□Add
			. Remove
			□Add
			Change
			Add
			□Remove
			□Change

amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
_	
Effective o	late, if other than the date of filing:
Note: If th	e date inserted in this block does not meet the applicable statutory thing requirements, this date will not be used a
document's	s effective date on the Department of State's records.
	The 90th day after the
e record spe id is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
	-1211 195
ated	5/29
	· (I has a M/20)
	Signature of a member or authorized epresentative of a member
	Charales TA Turns
	Typed or printed name of signee

Filing Fee: \$25.00