K12000161526

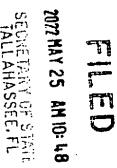
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COVER LETTER

то:	Registration Sec Division of Corp			
CHD IP	ROBLES 56			
SUBJE	L1:	Name of Limi	ted Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		Robert L. McLeod II, B.C.	S.	
			Name of Person	
		The McLeod Firm		
			Firm/Company	
		1200 Plantation Island Driv	e S., Suite 140	
			Address	
		Saint Augustine, Florida 33	2080	
			City/State and Zip Code	·
		mmcleod@themcleodfirm.c	om to be used for future annual report no	Ari (Contion)
For furt	her information c	oncerning this matter, please ca		Ancarony
	L. McLeod II, B.0		(904 471-5007	
	Name o	f Person	at () Area Code Dayti	ime Telephone Number
Enclose	ed is a check for th	ne following amount:		
Ç√S25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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		Street Address: Registration S	Section	
	Division of C	Corporations	Division of C	orporations
	P.O. Box 632 Tallahassee,		The Centre of 2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2027 HAY 25 AM 10: 48

(Name of the Limited Liability Company as it now appears on our records) TALLAHASSEE. FL

The Articles of Organization for this Limited Liability Comparing document number L12000161526	any were filed on December 28, 2012	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited l	iability company here:				
The new name must be distinguishable and contain the words "Limited L	iability 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	2				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the na</u>	ume of the new registered			
Name of New Registered Agent:					
New Registered Office Address:	egistered Office Address: Enter Florida street 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
MGR	Barbara McLeod	8950 Old A1A Beach Road	□Add
		St. Augustine, FL 32080	■Remove
			🗆 Change
AMBR	Leslie McLeod	1200 Plantation Island Drive, Suite 140	⊒ Add
		St. Augustime. Florida 32080	□ Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			□Remove
			□Remove
			□Change

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(If an effecti Note: If	e date, if other than ive date is listed, the dat the date inserted in th t's effective date on t	e must be specific a iis block does no	and cannot be prior timeet the applic	to date of filing or able statutory fi	more than 90 days a	otional) fter filing.) Pursuant to this date will not be	o 605.0207 (3 e listed as the
he record s ord is filed	specifies a delayed eff l.	ective date, but r	ot an effective ti	me, at 12:01 a.r	n, on the earlier of:	: (b) The 90th day	after the
Dated	20 May		. 2022	·			
	,						

Typed or printed name of signee