13000042847

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	eurth & Patio S Name of Limi	a less Savice ted Liability Company	Ilc.
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	Tax	nny Lynn Hol Name of Person 2410 Sales + S Firm/Company	wmb
	Heurth + Pa	atio Sales + S	ervice
	5040 W	.Thape 5X	ite 101
	Talla	hassee F1. 3	2303
	Lee E-mail address: (to	City/State and Zip Code 'N tall (D) G W o be used for future annual report notif	1a, 1.com
For further information co	ncerning this matter, please ca	H:	
Tam Name of	my Holcomt	2) at (<u>850</u>) 727 Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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 Compa (A Florida Limited I.	Schest Lervic- nv as it now appears on our records.) Liability Company)	e,llc
The Articles of Organization for this Limited Liability Company Florida document number <u>L 13000 42847</u>	were filed on 3/13/24	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	÷
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	9
(Principal office address MUST BE A STREET ADDRESS)		2
		(Albert
	, , , , , , , , , , , , , , , , , , ,	112:
Enter new mailing address, if applicable:		0
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the na	ume of the new registered
Name of New Registered Agent:		
New Registered 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

Title	<u>Name</u>	Address	Type of Action
CFO	Tammy Lynn Holooms	8613 Bunking Rd.	ZAdd
	•	8613 Bunking Rd. Tallahassee, Fl. 3230	∑ □Remove
			Change
			□Add
			Remove
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an effective <u>ote:</u> If the	ate, if other than the date is listed, the date me date inserted in this be effective date on the l	ust be specific ar block does not	nd cannot be prior meet the applic	able statutory fili	optio nore than 90 days after ng requirements, this	nal) filing.) Pursuant to 605.0207 date will not be listed as
ecord spec is filed.	ifies a delayed effecti	ive date, but no	ot an effective ti	me, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
ated 3	113/24		2024	<u>.</u> .	Λ	
_	walte	Barn Signature of a	ey Le	Moleon prized representative	e of a member	
		-	-		*****	

Filing Fee: \$25.00