114000144757

,	(Requestor's Name)
	(Address)
	(,
-	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
	(Bocament Number)
Certified Copies	Certificates of Status
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2022 CCT -5 PN 1:47

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2022 OCT -5 MH 12: 10

10/5/2022

COVER LETTER

Division of Corporations			
SUBJECT:	Michael Gibsor	r 11c	
3000ECT	Name of Limi	ed Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are sub-	nitted for filing.	
Please return all co	orrespondence concerning this matter t	o the following:	
	Micha	Name of Person	<u> </u>
	Mich	and Gbsor	VIC
		Firm/Company	
	478 € 1	Altamente DR Address	1095 - 2.83
		Address	
	Altamonte S	Springs F	, 32701
		oal @ Consultar	
	E-mail address: (t	be used for future annual rep	ort notification)
For further informa	ation concerning this matter, please ca	Λ:	
Nu	ichical Gibson	at (32() 4-	27-0133
:	Name of Person	at (<u>3 2 (</u>) <u>4 -</u> Area Code	Daytime Telephone Number
Enclosed is a chec	k for the following amount:		
≥ \$25.00 Filing	Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing /</u> Registra	Address: ation Section	<u>Street Addr</u> Registratio	r <u>ess:</u> on Section
•	n of Corporations	-	of Corporations

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

2022 OCT -5 PM 1: 47

MicHAel G	siason 11c
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LIYODO 194757</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	· •
The new name must be distinguishable and contain the words "Limited Liabili	· · · · ·
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8600 Commodity Circle Unit 162 Orbado Fr, 32819
Enter new mailing address, if applicable:	478 E Attamonte DR
(Mailing address MAY BE A POST OFFICE BOX)	108283 Altamonte Spring Fr 32701
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida City Zin Code
New Registered Agent's Signature, if changing Registered Agent:	City 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	performance of my duties, and I am familiar with and

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 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>	<u>Name</u>	Address	Type of Action
Cure r MGR	Mickella Channe	R 478 E Altamonte D	e radd
MGR		108283	
		Altamont Spring . FL 3270	71 □Change
			□Add
		·····	Remove
			Change
			🗆 Add
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Effective date, if other than the date of filing:		
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Dated OCTObers 5th 2022.	<u>Note:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
remains of a member or authorized representative of a member		
	Dated _	October 5th 2022
Mic her Johann Typed or printed name of signee		Micheel Cobern

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Filing Fee: \$25.00