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13. HUNT 09/28/24

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Amy Holzinger	LLC		
3000te1	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing		
		-		
Please return all correspo	ondence concerning this matter	to the following:		
		Amy Holzinger		
		Name of Person		
		Amy Holzinger		
		Firm/Company		
		Amy Holzinger LLC		
		Address		
		5020 Wheeler Way		
		City/State and Zip Code	<u> </u>	
		Pensacola, FL 32526		· .
	E-mail address: (to be used for future annual r amysellsthecoast@gma		1! 7.74
For further information c	concerning this matter, please c	all:	ancom	
Amy	Holzinger	850	292-1132	
Name e	of Person	at () Area Code	Daytime Telephone Number	
Enclosed is a check for t	k v Extlangia v managa			
	_			
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificat osed) Certified	e of Status &
\$4 : 20 mm A 4 4 m		(S)		
Mailing Addres Registration 3		<u>Street Ad</u> Registra	dress: tion Section	
Division of C	Corporations	Division	of Corporations	
P.O. Box 632 Tallahassee, l			tre of Tallahassee	10
ramanassee, i	FIL 243 14	24 LO IN.	Monroe Street, Suite 8	IU

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lizh) (A Florid	HOIZINGEV LLC lity Company as I now appears on our red la Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	nited Liability Company." the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		 :
		<u> </u>
B. If amending the registered agent and/or registerong agent and/or the new registered office address here:	ed office address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida strect ad	lress
		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>	<u>Name</u>	Address	Type of Action
MGR	Rhonda Trepak	_	□Add
		5732 Reinke Drive	
		Pensacola, FL 32539	⊠ Remove
			□Change
Comptroller	Stephen Holzinger		
			□Add
	- ::	5020 Wheeler Way	
		Pensacola, FL 32526	(⊠ Remove
		-	
			□Remove
			Likemove
			□Change
			□Add
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(If an effecti Note: If t	edate, if other than the date is listed, the date in this late in this late on the date on the	ust be specific and ca block does not mee	innot be prior to date et the applicable s	of filing or more than 5 tatutory filing require	(optional) (0 days after filing,)) ments, this date w	Pursuant to 605,0207 (2 ill not be listed as th
he record s ord is filed.	pecifies a delayed effect	ive date, but not an	i effective time, a	12:01 a.m. on the ea	rlier of: (b) The	90th day after the
Dated	05/06/2024	<u> </u>				
		Omy H Signature of a me	Olzinge inter oranihorized	representative of a mem	ber	
					· · ·	