L14000194077

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FILED 2023 OCT 17 PM 1: 2

COVER LETTER

ΓO: Registration Section Division of Corporation			
SUBJECT: Britting	cy whelihan lr	WIN ARNP LLC ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Brittney Wh	WINAN TWIN Name of Person	
	Brittney Whel	Man Irwin ARNP, L	16
	3091 SW Hart	IN DOWNS BLUD Address	
	Palm City, F	L 34990 City/State and Zip Code	
		D @ YOUY ANU COM	ilication)
For further information con	cerning this matter, please ca	all:	
Britmey Wr Napoc of P	ulihan Irwin	at (501) 972 C	PC Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

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

FILED

Brittney Whelihan Ir	WIN APAID ITC	2023 OCT 17 PM 1: 25
Brithey Une linan Ir (Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)	TALLAHASSEE
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000194077</u>	y were filed on 12.22.14	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
(Making littless MAT BE A FOST OFFICE BOA)		
B. If amending the registered agent and/or registered office	address on our records, enter t	the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	•
	, Flo	rida
New Registered Agent's Signature, if changing Registered Agent	•	ир Сож
The state of the s	÷	

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	Kathryn Christenson	3091 SW Martin Downs blvd PALH CITY, FL 34990) () \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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ffective date, if other than the date o	of filing: 01/01/3	2024(0	
an effective date is listed, the date must be spectore: If the date inscrted in this block does	cine and cannot be prior to date	of titing of more man 50 days a	after filing.) Pursuant to 605.020 this date will not be listed a
ocument's effective date on the Departme	ent of State's records.	,	
record specifies a delayed effective date, la filed.	but not an effective time, at	12:01 a.m. on the earlier of	f: (b) The 90th day after the
ated <u>DCtaber 11</u>	2023		
		/	
	re of thember or authorized	representative of a member	
Signan			