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	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	 -
PICK-UI	P WAIT	MAIL
	(Business Entity Name)	
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	(Document Number)	
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COVER LETTER

TO: Registration Section Division of Corpora				
SUBJECT: ENG	Ument A	led Liability Company	U c	
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.		
Please return all corresponder	ice concerning this matter	to the following:		
-	Victor	Name of Person	1	
-	Enrollm	ent All'i	ANCC	
-	1302 N	Address	Sui	te 150
		City/State and Zip Code		
_	E-mail address: (i	encoll men	ort notification)	INCC. COM
For further information conce	erning this matter, please ca	all:		
Victorio Name of Per	Zaniol	at (<u>72.7.)</u> Area Code	04 - 676 Daytime Telephone	Number
Enclosed is a check for the fo	llowing amount;			
□ \$25.00 Filing Fee □	3 \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	લો) (60.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Address:		Street Addi	ress:	

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

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company was Florida document number	1/11/2015
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	^>
(Principal office uddress MUST BE A STREET ADDRESS)	23 (
(Principal office dathess Stosy of A Strikessy Thomassy	(
•	N 1-
	70
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u>~</u>
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, enter the name of the new registered
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 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 Type of Action Address Title Title Name MNGR Jeff Yarish 16122 Armstead Lane DAdd
Odessa, Fl 33556 Premove ☐ Change _____ □Remove _____ Change _____ □Remove _____ Change ______ □Add ____ □Remove _____ □Remove _____ Change _____ Remove

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iate: li	e date, if other than the date of filing:
record I is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ated _	10/24/23
	take >
	Signature of a member or authorized representative of a member

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