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COVER LETTER

TO: Registration S Division of Co			
ABBITT,	LLC		
SUBJECT:	Name of Limi	ted Liability Company	
m l lhailean	f Amendment and fee(s) are subt	mitted for filing	
	condence concerning this matter		
·			
	Thomas G. Pye	Name of Person	
		Nume of Ferson	
	Pye Law Firm PA	F) (C)	
		Firm/Company	
	3909 W Newberry Rd, Ste	C	
		Address	
	Gainesville, Fl 32607		
		City/State and Zip Code	
	barbara@millerrealestate.us	to be used for future annual report no	tification)
For further information	concerning this matter, please c		(Medica)
Tom Pye		352 381-9799 at ()	
Name	of Person	Area Code Dayti	me 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)
<u>Mailing Addi</u> Registration Division of		Street Address: Registration S Division of Co	orporations
P.O. Box 6. Tallahassee	327 -, FL 32314	The Centre of 2415 N. Mont	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABBITT, LLC (Name of the Limi	ted Liability Compa	ny as it now appears on our Liability Company)	records.)
	(A Florida Limited I	Liability Company)	
he Articles of Organization for this Limited L	iability Company	were filed on 02/16/2015	and assigned
orida document number L15000029183	·		
is amendment is submitted to amend the foll	owing:		
. If amending name, enter the new name o	of the limited liab	ility company here:	
ne new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		13662 NW 56th Ave	
Principal office address MUST BE A STREET ADDRESS)		Gainesville, FL 32653	
-		- Adres -	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			.
. If amending the registered agent and/or gent and/or the new registered office addre		address on our records,	enter the name of the new registe
em and/or the new registered office address			
Name of New Registered Agent:			
New Registered Office Address:	13662 NW 56t		<u></u>
		Enter Florida street	t address
	Gainesville		, Florida <u></u>
	-	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>	Name	Address	Type of Action
MGR	Barbara A. Miller	POB 358503	□Add
		Gainesville, FL 32635	≣Remove
			□Change
MGR	Abbitt, Patricia	13662 NW 56th Ave	= Add
		Gainesville, Florida 32653	□Remove
			□Change
			□Add
			Remove
			Change
			□Remove
			Remove
			□Change
			DAdd
			Remove
			∏ Change

Ciffective date, if other than the date of filing:	
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing local specific and cannot be prior to date of filing or more than 90 days after filing local specific and also comments after the applicable statutory filing requirements, this day occurrent's effective date on the Department of State's records. The record specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) and d is filed.	
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d is filed.	g.) Pursuant to 605.0207
***	The 90th day after the
October 1, 2024	
Faticie Chlutt Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00