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COVER LETTER

TO:	Registration Section Division of Corporation				· ·
 SUBJE	СТ:	CHRISTINA Name of Lim	L ADAMS, L	L C	_
The enc	losed Articles of Ame	endment and fee(s) are sub	mitted for filing.		
Please r	eturn all corresponde	nce concerning this matter	to the following:		
	-	CHA	RISTINA L Ai	DAMS	_
		CHRI	STINA L ADAM Firm/Company	s, LLC	2022 NOV 30 SEFERENCE
		401	SE 12 TH PLA	ACE	
	-		APE CORAL, 1	-LORIDA	33990: 38
	_	Cladames L	City/State and Zip Code 959	COM rt notification)	<u> </u>
For furt	her information conce	erning this matter, please ca	all:		
	CHRISTINA Name of Per	L ADAMS	at (239)	896-079 aytime Telephone Nun	nber
Enclose	d is a check for the fo	llowing amount:			
□ \$25	i.00 Filing Fee [3 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certil) Certil	O Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
	Mailing Address:		<u>Street Addre</u>	<u>ss:</u>	

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 Tallahassce, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHRISTINA L	ADAMS LLC
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on MARCH 9, 2015 and assigned
Florida document number <u>L 1500 00 4 2 3 7 5</u>	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
	20 m
The new name must be distinguishable and contain the words "Limited Liabi	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:	POST OFFICE BOX 151274
(Mailing address MAY BE A POST OFFICE BOX)	CAPE CORAL FL US 33915
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Florida Street address
	, Florida
Now Degistered Agent's Signature if shanging Besistered Agent's	•
New Registered Agent's Signature, if changing Registered Agent:	±

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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>	<u>Address</u>	Type of Action
Ambr	CHRISTINA L ADAMS	401 SE 12TH PLACE CAPEC	RAL, FL 33990
			□ Remove
PRESIDENT	CHRISTINA L ADAMS	401 SE 12 THPLACE CAPE CORAL, F	33990 Remove
			□Change
			D'Add O'C D'Ampe Add O'C D'Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

-	ding any other information, enter change(s) here: (Attach additional sheets, if ne	·	
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an effe lote: l	e date, if other than the date of filing:		
is file		(b) The 90th day a	fter the
ated _	NOVEMBER 26, 2022.		
	Clase		
	Signature of a member or authorized representative of a member		
	CHRISTINA L ADAMS		

Filing Fee: \$25.00