L15000	078438
(Requestor's Name) (Address) (Address)	900387142199
(City/State/Zip/Phone #)	05/13/22-+01005028 *+25.00
Business Entity Name)	2022 HAY 13
(Document Number) Certified Copies Certificates of Status	3 PH 1: 49
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**COVER LETTER** 

TO: Registration Section Division of Corporations

upment à Disposul LIC SUBJECT: Name of Limited Liability Compar

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

<u>at (850 ) 682-5</u> aela M Keilt time 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) S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303

ARTICLES OF AMENDM	<b>AENT</b>
ТО	•
ARTICLES OF ORGANIZ	ATION LU
OF	
	2022 HAY 13 PM 1:49
<u>Etrica Uxist Pure of the Limited Liability Company as it now app</u> (A Florida Limited Liability Company	rent and Deposed UC
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u><u>4500078438</u></u>	5-14-2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>y here</u> :
He new name must be distinguishable and contain the words "Limited Liability Company," fl	he designation "LLC" or the abbreviation "LLC"
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)	/
B. If amending the registered agent and/or registered office address on ou	r records, enter the name of the new registered
agent and/or the new registered office address here:	·Bitting
Name of New Registered Agent:	
New Registered Office Address:	Florida street address
New Registered Office Address:	Florida street address , Florida

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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

## MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
MGR	Wynn P Royers	984 W Jumes La Blird	🗆 Add
	, U	CRSMEW, FL 32536	!Kemove
			□Change
MGR	Anstin B Royer	3005 Lillie St	DAdd
		CRESTNEW, FE 32539	Remove
			□Change
			🗋 Add
			🗆 Remove
		······································	□Change
			🗆 Add
			🗆 Remove
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	·····		🗆 Add
		45-87.	🗆 Remove
			🗆 Change
			🗆 Add
			🗆 Remove
			🗋 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

Dated	5.9 $2022$
	Signature of a member or authorized representative of a member
	chla R Rights
	Typed or printed nume of signee

Filing Fee: \$25.00