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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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A. BUTLER MAR - 7 2022

COVER LETTER

TO:	Registration S Division of Co			÷	. •	
SUBJE	ст: <u>F и</u>	ddCo	Service	d Liability Company		
			Name of Limite	ed Liability Company		
The en	closed Articles of	f Amendment a	ınd fee(s) are subm	itted for filing.		
Please	return all corresp	ondence conce	rning this matter to	the following:		
			Thor	nas Whit	c	
			Fudde	Service S	5 LLC	
				Firm/Company		
			P.O. Bo	x 1584		
				Address		
			H:/1:a	City/State and Zip Code Securices D be used for future annual re	32046	<u> </u>
			Fulde	Succession of	a bacile	: 0 <i>t</i> n
			E-mail address: (to	be used for future annual re	port notification)	
For fu	ther information	concerning thi	s matter, please cal	11:		
I	homas	Whit	د	at (<u>9 0 9)</u>	483-6	560
,	Name	of Person		Area Code	Daytime Telepho	ne Number
Enclos	sed is a check for	the following	amount:			
□ \$2	25.00 Filing Fee		Filing Fee & icate 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:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

2021 FEB 28 PM 2: 53 (Name of the Limited Liability Company as it now appears on our records.) TALLAHASSEF EI The Articles of Organization for this Limited Liability Company were filed on 0/-2/-246 and assigned Florida document number L/60000/4741 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability 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 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 our records, enter 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

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.

City

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>	Address	Type of Action
AMBR	Amanda Troville	37631 Eastwood Roa	19Add
		Hill:and El 32046	□Remove
			□Change
<u>AMBR</u>	Janet Allen	371 468 Kingsferry R	ead BADD
		Hill:ard F1 32046	□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□ Remove
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