## L/6000039782

(Requestor's Name)
(Address)
(Address)
(/ (401033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(During Fully Many)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200404132112

28, 19, 29--01020--003 (\*920, 05

2023 MAR -9 AM 10: 06



## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	entral Flori Name of Lim	da Awning ( ited Liability Company	<u>LC</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jamie	C. BOVA Name of Person	<del></del>
	Central	Florida Awn	ing
	6710 L	ake Arthur K	2)
	Grove janie@c	City/State and Zip Code  Flawnings. Com to be used for future annual report notif	<del>.</del>
For further information c	oncerning this matter, please co	·	lication)
Jame C Name o	Boval TPerson	at ( <u>407</u> ) <u>595-</u> Area Code Daytimo	4019 e Telephone Number
Enclosed is a check for the	ne 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)
Mailing Addres	is:	Street Address:	

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 as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	y were filed on <u>2/25/2016</u>	and assigned			
Florida document number <u>L [6000039782</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company here:				
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	<u></u>				
(Principal office address MUST BE A STREET ADDRESS)		2023 <b>K</b>			
	<u> </u>	<u> </u>			
	اسة ( مورا تاریخ	9-9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
Enter new mailing address, if applicable:		S R A			
(Mailing address MAY BE A POST OFFICE BOX)					
		<u> </u>			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registered			
Name of New Registered Agent:					
New Registered Office Address:	. <u>-</u>				
	Enter Florida street address				
	Florida _				
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>				

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>	<u>Name</u>	Address	Type of Action
AP	Boval, Jennifer L	6710 Lake Arthur Rd Groveland, FL 34736	
		Groveland, FL 34736	Remove
			□Change
4 <u>mbr</u>	Donnelly, Robert	9753 Lost Creek Dr Winter Garden, FL, 347	<b>X</b> Add
		Winter Garden, FL, 347	<u>30</u> □Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			□ Change

					_						
										_	
											_
						<del> </del>					
			<u>.</u>								<del></del>
				_							
				•							<del></del>
-							<del>_</del>		ن الله الله	2023	
										MAR	_ n
										9	1:
	-			<del></del>	<del>_</del> .				<del>-</del> 19		
	-							-	OF STATE	AN 10: 06	_
			_						<u> </u>	<u> </u>	_
ffective d	late, if other e date is listed, t	than the d	ate of filing	g:	prior to date	ot tiling or m	ore than 90 da	(optional) vs after fili	al) ng.) Pursi	uant to $\epsilon$	505,0207 (
ote: If th	e date inserte s effective dat	d in this bloc	k does not r	neet the ap	plicable st	atutory filin	g requiremen	ts, this d	ate will r	not be l	isted as t
		·									
record spe Lis filed.	ecifies a delay	ed effective	date, but not	an effecti	ve time, at	12:01 a.m.	on the earlier	of: (b)	The 90th	i day af	fter the
ris med.		•	. ih								
ated	Mo	urch	6	200	<u>13</u> .						
		mil (	Bra								
	/ 10					epresentative					

13111 E 05-00

Typed or printed name of signee