## L1600057163

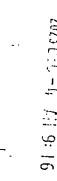
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(0)	70: 10: 10:	10
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
Opecial instructions to 1	illing Officer.	

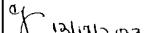




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12/04/23--01047--003 \*\*25.00





## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Co	rporations		
SUBJECT:		eaning LLC		
SUBJECT		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	omitted for filing.	
		ondence concerning this matter	•	
			-	
		Nicole Fletcher		
			Name of Person	
		-	122-06	
		14711	Firm Company	
		147 Johns st	Address	<del></del>
		Green Cove Springs, Fl 32		
		Green Cove Springs, Ft 32		
		nimaab08@yahoo.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	otification)
For further in	formation c	oncerning this matter, please c	all:	
Nicole Fletch	ner		904 329-6295	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>■ \$</b> 25.00 F		S30.00 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)
	ling Address istration S		Street Address:	ection
_		orporations	Registration S Division of Co	
	. Box 632		The Centre of	=

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 DEC -4 AM 9: 16

ar records.) A same and assigned and assigned tion "LLC" or the abbreviation "L.L.C."		
tion "LLC" or the abbreviation "L.L.C."		
Fleming Island, Fl. 32003		
ls, <u>enter the name of the new registore</u>		
roct address		
ter danyes.		
, Florida Zip Code		
гар Сти		

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
			□Add
		-	□ Remove
			□Change
			□Add
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			Change
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	ite of filing:	or to date of filing or more	(optional) than 90 days after filing.)	Pursuant to 605.0207
ite: If the date inserted in this block	k does not meet the appl	licable statutory filing (	equirements, this date v	will not be listed as
te: If the date inserted in this block cument's effective date on the Department's effective date on the Department of the Department o	k does not meet the appl artment of State's record	iicable statutory filing ( ls.		
ote: If the date inserted in this block cument's effective date on the Depa ecord specifies a delayed effective d is filed.	k does not meet the appl artment of State's record	iicable statutory filing ( ls.		
ote: If the date inserted in this block cument's effective date on the Depa ecord specifies a delayed effective d is filed.	k does not meet the appl artment of State's record late, but not an effective	iicable statutory filing ( ls.		
Mi. I	k does not meet the appl artment of State's record late, but not an effective	icable statutory filing this.  time, at 12:01 a.m. on	the earlier of: (b) The	

. . . .

Filing Fee: \$25.00