## L170000 63118

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SECRETAIN OF STATE

12/13/200

## **COVER LETTER**

Division of Corp			
SUBJECT:	Analla Fitco	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Phillips	Harrison Name of Person	
		Firm/Company	
	27615	US Hwy 27 STE 1	09-#201
	Leesbur	g Florida 3474 City/State and Zip Code	8
	motivated	City/State and Zip Code  240 it Qyahoo. Com  to be used for future annual report not	itication)
For further information co	oncerning this matter, please ca	nll:	
Philling H	arrison	at (352) 321-70 Area Code Daytin	452 ne Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C P.O. Box 632	orporations	Division of Co The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Analla Files 1	110	2022 DEC 13 PM 1: 23
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company	were filed on 03/20/201	and assigned
Florida document number 4 17000063118		<u> </u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 agent and/or the new registered office address here:	address on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Neglistred Office Address.	Enter Florida street address	
	, Flori	da
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agi provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.S	l am familiar with and S. Or, if this document is

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Philling Harrison	27615 US Huy 275TE 109#201	©Add
		27615 US Huy 275TE 109#201 Leesburg, FL 34748	□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
<del></del>	Adrienne D Williams	-1003 Sunter St.	□Add
		Leesburg, Et 34748	DRemove
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etive date, if other the effective date is listed, the degree of the date inserted in the union of the date of the	this block does n	ot meet the applical	2022 date of filing or more ble statutory filing re	(optiona than 90 days after fili equirements, this da	l) ng.) Pursuant to 60: te will not be list
ord specifies a delayed of filed.	effective date, but	not an effective tin	ne, at 12:01 a.m. on (	he earlier of: (b)	The 90th day afte
d December	- 13	2022			
	Philled	Ham			
	Signature o	of a member or author	rized representative of	a member	

Filing Fee: \$25.00