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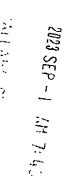
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COVER LETTER

TO: Registration Division of C	Section Corporations	•	
A	1 1 1 1 1 1 1 1	· ~	
SUBJECT:	Name of Lim	ated Liability Company	
The evaluated Articles	of Amendment and fee(s) are sub	united for filing	
Please return all corre	spondence concerning this matter	to the following:	
	· · ·	Name of Person	
		Name of Person	
	•		
		Firm/Company	
	*		
		Address	
	1	City/State and Zip Code	
		City/State and Zip Code	
		to be used for future annual cation)	
	E-mail address: (to be used for future annual (, cation)	
For further informatio	n concerning this matter, please c	all:	
	, .		
Nan	ne of Person	at () Area Code Daytime Telephone Number	
Enclosed is a check for	or the following amount:		
□-\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:		Street Address; Project ration	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	2023 SEP - 1 AM 7: 43
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on	and assigned
lorida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>ere</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the company is the contain the words "Limited Liability Company," the words "Limited Liability Company," the contain the words "Limited Liability Company," the words "Limited Liability Company," the words "Liability Co	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)	
	= 141
3. If amending the registered agent and/or registered office address on our r	records, enter the name of the new registe
agent and/or the new registered office address here:	
Name of Name Davigtomed Agents	
Name of New Registered Agent:	
New Registered Office Address:	orida street address
City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
vew registered registers Significant, it changing registered register.	
	the state of the s
hereby accept the appointment as registered agent and agree to act in this provisions of all statutes relative to the proper and complete performance of	capacity. I further agree to comply with faw duties, and I am familiar with and
hereby accept the appointment as registered agent and agree to act in this provisions of all statutes relative to the proper and complete performance of accept the obligations of my position as registered agent as provided for in (f my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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
· · · · ·		the second	□Add
			□Remove
			□Change
			□Add
			Remove
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			□Change
			□ Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee