L17000094133

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COVER LETTER

TO: Registration Se Division of Cor				* '	•
SUBJECT: <u>U</u>	ters Famil	y Foundation and Liability Company	,LLC		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Waters 4315 U Clemmo	Name of Person Family Founda Firm/Company Joodbourne L Address MC 270 City/State and Zip Code 5112 MOZINGO. CC to be used for future annual report notice	tion Ne 12	2023 SEP - 1 A SECRETARY C	Credit of the control
For further information c	oncerning this matter, please co	· ·		MH II: 35 SSEE, FL	Ti.
LPS/IL Name o	Mozingo (Person	at (202) 255- Area Code Daytime	- 5760 e Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1700094133</u> .	were filed on April 28, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreyiationL.C."
Enter new principal offices address, if applicable:	N/A SES SE TE
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4315 Woodbourne DAVERS Clemmons, NC 27012
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Lesli	e C. Mozingo
New Registered Office Address: Same.	e C. Mozingo as currently registered, No change Enter Florida sirter address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and

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 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>	<u>Address</u>	Type of Action
Mr.	Emmett Waters	2400 BAR C. ROAD Mims, FL 32457	□Add
		Mims, FL 32457	[FRemove
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ote: If the date ins	ted, the date must be specific erted in this block does (date on the Department	not meet the applica	to date of filing or me able statutory filing	re than 90 days after requirements, this	date wil	rsuant to I not be	listed as
record specifies a delis filed.	elayed effective date, bu	t not an effective ti	me, at 12:01 a.m. o	n the earlier of: (b)) The 9	Oth day a	ifter the
	LAn	2023	<u>3</u> .				
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pated <u>Aug</u> r	LST AC	Lie C. 1 of a member or author	Mozing	2 of a member			-

Filing Fee: \$25.00