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18 JAN 24 AM II: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kimberly Humlin Name of Person
Firm/Company
2701 Angel Mist Ct.
City/State and Zip Code Khamlin 110 and Volv. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kimberty Hamlin at (352) 223-2367 Name of Person at (352) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Beautificate of Status \$\Bigcup \$55.00 Filing Fee & Beautificate of Status \$\Bigcup \$Certified Copy (additional copy is enclosed) \$\Bigcup \$Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	ppears on our records.)	
The Articles of Organization for this Limited Liability Company were filed or Florida document number 1700015740	n 5 0 1 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	ı <u>y here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company."	the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	16 2	7 <u>8</u> 6
(Principal office address MUST BE A STREET ADDRESS)	JA W	2名
		ARY
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	OF ST
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>) ATE ATE
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, enter the name of the r	<u>new</u>
Name of New Registered Agent:	_	-
New Registered Office Address: Enter	r Florida street address	-
	, Florida	
Cin:	Zin Code	

New Registered Agent's Signature, if changing Registered Agent:

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 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>	Name	Address	Type of Action
MGR	Jason J. Davis	7107 Honeysickle 1	∑ ✓ Add
		7107 Honeysuckle 1 Lakeland, FL 3381	3_□ Remove
			☐ Change
			□ Remove
			Change
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ctive date, if other tha	on the data of G	Himan ()	101/18		(antional)	
effective date is listed, the d	ate must be specific	e and cannot be p	or to date of filin	ig or more than 90 d		
If the date inserted in iment's effective date or				y ming requireme	ents, this date will	not be fisted
ecord specifies a de ne 90th day after th			not an effec	tive time, at 1	2:01 a.m. on t	he earlier
u January	184h	2019	<u> </u>			
1	1	100				
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Filing Fee: \$25.00