## L17000219347

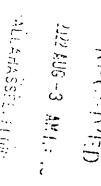
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	larison P. Name of Limi	roper ties LL ited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mar	Name of Person	
	Marisa	Properties Firm/Company	,660
	1009 Les	ster Ridge C Address	<del>.                                    </del>
		City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	
For further information c	concerning this matter, please co	ali:	
Name o	ıî Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee	☐ \$30.00 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)
Mailing Address Registration Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 AUG - 3 PH 12: 00 The Articles of Organization for this Limited Liability Company were filed on 10-23-20/7 and assigned Florida document number <u>L | 7000219347</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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>	<u>Name</u>	Address	Type of Action
MGR	Dean Henson, Rodney	V 5341 NW 79+4 ALE	□Add
		Doral, FL 33166	<b>\times</b> Remove
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effective date is liste e: If the date inse	her than the date ed, the date must be sp rited in this block d date on the Departi	ecific and cann oes not meet t	ot be prior to di he applicable	ite of filing or mo-	re than 90 days att	er filing.) Pursuant	to 605.02 se listed
eord specifies a de filed.	layed effective date	e, but not an e	ffective time,	at 12:01 a.m. o	the earlier of:	(b) The 90th day	y after tl
ed <u>8-3-</u>	2023 [[[]][[]] Signa	,	·				
	Mari						

Filing Fee: \$25.00