17000220000

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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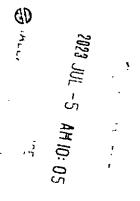
Office Use Only



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Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

FOR OFFICE USE ONLY **PICK ONE:** CERTIFIED COPY PHOTOCOPY C.U.S. FILING: CORPORATION ___LLC ___LIMITED PARTNERSHIP ____GENERAL_PARTNERSHIP FICTITIOUS NAME SERVICEMARK/TRADEMARK ____AMENDMENT _ ____FOREIGN QUALIFICATION _____JUDGMENT LIEN OTHER ____ **RETRIEVAL:** ____GOOD STANDING CERT/C.U.S. ____CERTIFIED COPY ____PHOTOCOPY **APOSTILLE/NOTARY CERTIFICATION REQUEST:** Country_____ Amount of Documents TIME Notes:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L17(000220000)	were filed on 10/24/2017	and a	ssigned	i
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	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:	260 1st Ave. S. #200-130			
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33701		202	
			<u>ယ</u> 	
Enter new mailing address, if applicable:	260 1st Ave. S. #200-130		IL -5	·
(Mailing address MAY BE A POST OFFICE BOX)	St. Petersburg, FL 33701	36.0	PH	ز ه ز محد
			<u> </u>	
		<u></u>	17	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	name of the n	ew regi	istered
Name of New Registered Agent:				
New Registered Office Address:				
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.

City

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	George M. Theodore	17633 Gunn Hwy	□Add
		Suite 156	≡ Remove
		Odessa, FL 33556	□Change
MGR	Kingsley Charles	260 1st Ave. S	≡ Add
		#200-130	□Remove
		St. Petersburg, FL 3301	☐ Change
			□Add
			□ Re Bye
			□Chapge 5 □Add □ □Remore
			Change
			□Remove
			🗀 Add
			Remove
			□Change

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(If an effective date is listed, the date Note: If the date inserted in this	the date of filing:	(optional) 0 days after filing.) Pursuant to 605,0207 (3)(b) ments, this date will not be listed as the
If the record specifies a delayed efferecord is filed.	ective date, but not an effective time, at 12:01 a.m. on the ea	rlier of: (b) The 90th day after the
Dated	2023	

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Typed or printed name of signee

Kingsley Charles
Signature of a member or authorized representative of a member

Filing Fee: \$25.00