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## **COVER LETTER**

TO: Registration Se Division of Co			
su <b>в</b> јест: <i>5</i> //	HALIMAR RO Name of Lim	DUCTIONS, LLC ited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
		V L. WOLAN  Name of Person	<del> </del>
	<del></del>	Firm/Company	
	1371 5. OC	EAN BLUD.  Address	H912
	Pompar	O BEACH FL City/State and Zin Code	33062
	SHAVVOV 1:-mail address: (	WOLAN 99 OCH to be used for future annual report noti	MA/LLOM fication)
For further information of	concerning this matter, please of	all:	
5/1911	VON L. NOLAN	at 5/8, 429	-7636
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
\$25,00 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 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

	2023 JUL -6 AH 8: 48
Liability Company as it now appears on or Florida Limited Liability Company)	
bility Company were filed on $\frac{12}{3}$	12/2017 and assigned
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he limited liability company here:	
rds "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
ble:	
ADDRESS)	
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<u></u>	
gistered office address on our records <u>here</u> :	s, enter the name of the new registered
<del></del>	
Enter Florida stre	ret address
	, Florida
	bility Company were filed on

### 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 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 **Title Type of Action** Name **Address** MGR SHANNONL. NOVAN 1371 5 OCCUMBLUT 400 POMPANO BEALT FL 33062 □Remove □Remove \_\_\_\_\_ □Remove \_\_\_\_\_\_ □Remove \_\_\_\_\_ □Remove \_\_\_\_\_ □Change

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