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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	#)
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(Ďo	ocument Number)	_
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Special Instructions to	Filing Officer:	





## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lightlity Comp	any as it now appears on our records	<u> </u>
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company)	,
The Articles of Organization for this Limited Liability Company	y were filed on 01/26/18	and assigned
Florida document number L18000023636		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u></u>
		-
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		·
		<u> </u>
		$\dot{\cdot}$
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	City	Zip 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Audrey Thornton	P.O. BOX 683152	<b>≅</b> Add
		P.O. Box 683152 glando 71 32868	Remove
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an effective date is fisted, the date of the first of the date inserted in this	the date of filing:  must be specific and cannot be prior to date of filing or more than 90 days block does not meet the applicable statutory filing requirement of State's records.	
	ctive date, but not an effective time, at 12:01 a.m. on the earlie	r of: (b) The 90th day after the
record specifies a delayed effect is filed.	care date. But not an effective time, at 12.01 a.m. of the earlie	
l is filed.	2023	
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l is filed.	2023	

Filing Fee: \$25.00