

(Requestor's Name)
(Address)
(Address)
· ,
(0)-(0)-1-(7)-(0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Danis and Marchae)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
Special instructions to 1 illing Officer.





11/13/23--01026--025 **30.00

COVER LETTER

	tration Section ion of Corporations			*
SUBJECT: _	Pineworks Name	LLC of Limited Liability Company		
The enclosed A	Articles of Amendment and fee(s) a	re submitted for filing.		
Please return a	Il correspondence concerning this n	natter to the following:		
	Par	Frick Handric	<u>k</u>	
		Firm/Company	SECT STANK	- 57
	5575	SW 12 fg Auc	- 205 7	e 15-3 2
	E-mail add	City/State and Zip Code PJ Handric ress: (to be used for future annual report no	- 205 TO TO TO TO TO THE STATE OF THE STATE	
For further info	ormation concerning this matter, ple	rase call:		
	Patnek Ha	Area Code Dayti	5020 ime Telephone Number	
Enclosed is a c	heck for the following amount:			
□ \$25.00 Fil	ing Fee \$30.00 Filing Fee Certificate of State		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Maili	ng Address:	Street Address		

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

Pineworks	& LLC	
	any as it now appears on our records.) Liability Company)	
(in total chares	April 1	
The Articles of Organization for this Limited Liability Company	were filed on Jan +6	and assigned
Florida document number <u>L 180000 97683.</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		27
(Principal office address MUST BE A STREET ADDRESS)		70 2 00
		田田田
Enter new mailing address, if applicable:		11
(Mailing address MAY BE A POST OFFICE BOX)		المالية في المالية
		72 3
P. If amonding the registered areas and/or registered at		• •
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	ie name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
testines of the radios.	Enter Florida street address	
	, Flor	ida
	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 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
			, ′ □Add
			□Remove
			Change
			□ Add
			□Remove
		TAL SECTION	☐ Change
		/	Remove
			□Add
			□Remove
			□ Change
			Remove
			□Change
			□Add
			□Remove
			Change

<u> </u>	hange	AMBR				
	Pat	trick 14	andnek	to 1	frust	
_	Pat	rek Hand	frick			
	Jatno 55	X Jos	12 th 1	ndrick ovc.	205	Trust
	Caj	oc Coral	R	339	7	500 HP 11
						9
_						75- 11- 15 17- 9: 38
				10 000		
(If an effection Note: If	ive date is listed, the the date inserted	han the date of filing date must be specific and in this block does not a on the Department of	d cannot be prior to date meet the applicable st	of filing or more tha	(optiona an 90 days after filin uirements, this da	il) ng.) Pursuant to 605.0207 (3 ite will not be listed as th
the record spord is filed.	pecifies a delayed	l effective date, but no	t an effective time, at	12:01 a.m. on the	earlier of: (b)	The 90th day after the
Dated	No	10	, _ 2023			
		Signature of a	member or authorized t	epresentative of a m	nember	
			Typed or printed nam	ick To	Sept 1	fanded

Filing Fee: \$25.00