L18000	119649
(Requestor's Name) (Address) (Address)	900401637859
(City/State/Zip/Phone #)	02/14/2301010001 **25.00
Certified Copies Certificates of Status	2023 FEB 14 AM 8: 21 Set to Lind Steel Street TALLAND, Steel St
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	OF	: /	
		LL	2023 FEB 14 AH 8: 21
Bung	et Floor	5 SWFL	
(Name of the Limited	Liability Company Florida Limited Lia	as it now appears on our record bility Company)	SECONDER DI ATE TALLATIONSEELFL
, , , , , , , , , , , , , , , , , , ,			TALL MILLESEE, FL
The Articles of Organization for this Limited Liab	ility Company w	cre filed on $5/14/20$	$\sim 1 $ and assigned
Florida document number L18000 119649	1	· •	
	·		
This amendment is submitted to amend the follow	ing:		
4. If an address not an the new name of th	a limited liabili	a amagana harai	
A. If amending name, <u>enter the new name of th</u>	ie mineu naomi	y company here.	
The new name must be distinguishable and contain the word	ls "Limited Liability		
Enter new principal offices address, if applicab	le:	Lacken(FD S	mith Jr mith H 110 F1 33998
(Principal office address MUST BE A STREET.		16050 STALLA	1 TO # 110
The former and the second se		ET INTINAS	VI 27900
	-	I FI Myens	<u> </u>
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
	-		
B. If amending the registered agent and/or reg	istered office add	dress on our records, <u>enter</u>	the name of the new registered
agent and/or the new registered office address l	here:		
Name of New Registered Agent:	Lainerc	MD Smith	7/
	11.10		415
New Registered Office Address:	16050 .	5 1 m Ami [4] Enter Florida street addres	<u> </u>
	<u> </u>		
	HT MY	<u>et 5</u> , Flo	orida <u>33908</u> Zip Code
		Сиў.	Zip Code
New Registered Agent's Signature, if changing Reg	<u>istered Agent:</u>		

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 address or removed from our records:

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## MGR = Manager AMBR = Authorized Membe

AMBR = Aut	horized Member			
Title	Name	Address		Type of Action
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		Cape	Del Prado Blui CONAL K(	Remove
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				[] Change

D.	If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
	· <u>-</u> ···· ··· ··· ··· ··· ··· ··· ··· ··· ·	
	P	
e	Effective date if other than the date of filing: $2-4-2$	(optional)
E.	Effective date, if other than the date of filing: $\frac{d^2}{1-2}$ If an effective date is listed, the date must be specific and cannot be prior to <u>Note:</u> If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
	e record specifies a delayed effective date, but not an effective time rd is filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	Dated 2-9-23	
	Signature of a member or authoriz	teelt I
	Lackence D Swith Typed or printed	name of signee
	ryped of printed	unite vi signee