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(Dayrestada Nama)	
(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
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Special Instructions to Filing Officer:	

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A. RIVERS

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## **COVER LETTER**

TO:	Registration Section Division of Corpor			
SUBJE	ст: <u>Н</u>	Cadricks Name of Lim	Pro Servi C	- s ( c C
		nendment and fee(s) are sub-	_	
Please r	eturn all corresponde	ence concerning this matter	to the following:	
			Name of Person	
			Firm/Company	
		2141	The Daks	Blud
			City/State and Zip Code	
	-	E-mail address: ()	to be used for future annual report no	otitication)
For furtl	ner information conc	erning this matter, please ca	all:	
Tr-	Name of Pe	rson	at (407) 9 6 Area Code Dayti	me Telephone Number
Enclose	d is a check for the fo	ollowing 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:		Street Address:	aution

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 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

Handricks (Name of the Limited)	Liability Comp	Ser Vic-	s on our records.)	L C	
(A	Florida Limited	Liability Company)			
The Articles of Organization for this Limited Liab	ility Company 8987	were filed on	12/8/	<u>) 021</u> and assign	ned
This amendment is submitted to amend the follow	ing;				
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here:  Name of New Registered Agent:					
The new name must be distinguishable and contain the word	ls "Limited Liabi	lity Company," the do	esignation "LLC" or	the abbreviation "L.L.C	
Enter new principal offices address, if applicab	le:				
(Principal office address MUST BE A STREET.	ADDRESS)				···-
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	<del></del>			the new registered  ip Gale  o comply with the liar with and is accument is liability
					<del></del>
B. If amending the registered agent and/or reg	istered office	address on our ro	ecords, enter the	name of the new r	egistered
•••					
Name of New Registered Agent:					
New Registered Office Address:					
			ida street address		
		/ ??».	Florid	la <u>res</u>	<del></del>
				_Zip Gage	
New Registered Agent's Signature, if changing Reg					
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the region company has been notified in writing of this ch	and complete red agent as p gistered office	performance of provided for in C	my duties, and I Chapter 605, F.S.	am familiar with a . Or, if this æcume he linited liability.	ind Enl is
	Q			1日	ne of the new registered  Tip Gale  ree to comply with the familiar with and if this accument is

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>	Name	Address	Type of Action
AMBR	Sa. Such Hendricks	2141 The Outs Blu	Kissimu-, 176 ✓ □Add
			GRemove
MBR	Sur Sur A Handricks	2141 The Oct & Blod	Change Kissmurz / /
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ote: If the date in:	ther than the date of filing:	05.0207 ( sted as t
ecord specifies a c is filed.	lelayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
ted	17/8   2021	
	Signature of a member or authorized representative of a member	
	Transition Hadricks Typed or printed name of signee	

Filing Fee: \$25.00