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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	600413519376 08/08/2301011015 +*60.00
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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:



Enclosed is a check for the 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)

<u>Mailing Address:</u> 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
	°O
	ORGANIZATION
C	)F
The Articles of Organization for this Limited Liability Company	
Florida document number <u> </u>	7
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<u>pility company here</u> :
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	310 Way mont Court Suite 10
(Principal office address MUST BE A STREET ADDRESS)	Lake Mary, Fl. 32746
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	2023 AUG - 8
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name fif the new registered
Name of New Registered Agent: 536	eline Aeiny Buttle bruch 1000
Sanford	Enter Florida street address Florida <u>3</u> , Florida <u>3</u> , 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
			🖸 Add
			🗆 Remove
			Change
			🗇 Add
			🖾 Remove
			□Change
			🗆 Add
			🖾 Remove
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			🖸 Add
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			🗆 Remove
			□Change
	<u> </u>		🗆 Add
			🖸 Remove
			🗇 Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	Angust 2. 2023
	Sacah AI
	Signature of a member or authorized representative of a member
	Jacqueline Heinn
	Typed or printed name of signee