L18000262076

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emily Name)
(Document Number)
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HORNE
J. MORNE JAN - 4 2023
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2023 JAN -4 PH 2: 25
SECRETARY OF STATEMENT OF STATEMENT



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4 PH 2:12

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COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJ	ест:	Oped in D	OPC UC	
The ei	closed Articles of A	mendment and fee(s) are sul	omitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	•
		Asnli	e Wellingt	<u>0</u> 1
		Dipp	Firm/Company	
		_ 107518	addlebout 1	one_
		Welling Oshut E-mail address:	City/State and Zip Code (to be used for future annual report not fi	and anon, com
For fi	rther information co	oncerning this matter, please	call:	·
<u> </u>	fulie 1	Nellingtor Person	at (50) 389 Area Code Daytime	: Telephone Number
Enclo	sed is a check for th	e following amount:		
7/. s	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:
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 FILED S
ARTICLES OF ORGANIZATION U
OF 2023 JAN -4 PH 2: 25
(Same of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 11 2015 and assigned
Florida document number <u>4 8000 2162 0 716</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

__, Florida ___

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 Type of Action Address Title Name _____ □Remove _____ □Change ______ □Add

______ Change

_	
	
Note: If	e date, if other than the date of filing: tive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed in a seffective date on the Department of State's records.
record d is filed	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
ated	Sign turk of a member or authorized representative of a member
	Ashire Mellington

Filing Fee: \$25.00