L18000284306

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7027 MAY -4 PM 1: 3

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Laden LLC.							
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:							
Voise Paden							
Paden LLC.							
Firm/Company							
656 Liberty Ld							
Ahina 7/a 32351							
City/State and Zip Code VPaden 195 Ke Mula: 1. Con E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Catherine Sheffield at 902 214 - 516 Name of Person Area Code Daytime Telephone Number	4						
Enclosed is a check for the following amount:							
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee &	itatus &						

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

FILED

OF. 2022 MAY -4 PM 1:3! Name of the Limited Liability Company as it now apper (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12-12/8Florida document number <u>L180002843</u>06 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 "LLC" or the abbreviation "LLC." 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 Office Address: Enter Florida street address

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.

City

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>Addr</u>	<u>ess</u>	Type of Action
AMBR	Cortherine	Sheffield 3	1098 DISON RC	Z Add
		. Q	2098 DISON Rominey Fl	□Remove
			-	
	•			□Add
				Remove
				□ Change
				□Add
				Change
				□Add
				□Remove
				[]Change
				· □Remove
				Change
				□Remove
				□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee

Voise Padrw