L19000029464

(Re	questor's Name)	
DA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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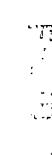




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12/4/4



COVER LETTER ro: Registration Section **Division of Corporations** SUBJECT: The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number Enclosed is a check for the following amount:

Mailing Address:

\$25.00 Filing Fee

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

\$30.00 Filing Fee &

Certificate of Status

Street Address:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

□ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5:5 Capital Dolutions C	.LC		
(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>s.</u>)		
	•		
he Articles of Organization for this Limited Liability Company were filed on 01/29	2019 and assigned		
lorida document number <u>L19000029464</u> .			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liability company here:			
. :			
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."		
inter new principal offices address, if applicable:			
Principal office addréss MUST BE A STREET ADDRESS)			
The state of the s			
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	Enter Florida street address		
	rida Zip Code		
City	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 ful	rther agree to comply with the		
provisions of all statutes relative to the proper and complete performance of my duties, ar	nd I am familiar with and		
accept the obligations of my position as registered agent as provided for in Chapter 605.			

heing 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

it ame iding . or removed f	Authorized Person(s) authorized to ma rom our records:	anage, enter the title, name, and address of each	person being added
MGR = Ma AMBR = Au	nnager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Cecelia Sanabria	324 Oakland Circle	🗆 Add
		Ft. Walton Beach, FL	Gremove
		32548	□Change
			□Add
			□Remove
			🗆 Change
			🗖 Add
			Remove
			Change
			7 6
			Remove
			□Change
			□Add
			□Remove
		<u> </u>	□Change
			□Add
		·	□Remove
			□Change

lf amen	ding any other informa	ition, enter chang	ge(s) here: (Attach	additional sheets.	if necessary.)	
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Note: If	e date, if other than the live date is listed, the date mu the date inserted in this b it's effective date on the D	lock does not meet t	the applicable statutor	ng or more than 90 dary filing requireme	_(optional) ays after filing.) Pursunts, this date will n	ant to 605,0207 of be listed as
record s d is filed	specifies a delayed effectiv l.	/e date, but not an e	ffective time, at 12:0	l a.m. on the earlie	er of: (b) The 90th	day after the
Dated	27 Novem	iber 3	2023.			
	400	Signature of a memb	per or authorized represe	entative of a member		
	PL	. 4.0 2.	ed or printed name of si			