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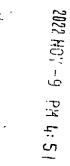
(Requestor's Name)	
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PICK-UP	WAIT	MAIL
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(Business Entity Name)	
(Document Number)	
Certified Copies	Certificates of St	atus
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Special Instructions to f	Filing Officer	

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COVER LETTER

	ion Section of Corporations			*
SUBJECT:	Vauses	Process	Service	
Sobster	3,0	Name of Lir	mited Liability Company	
The enclosed Artic	les of Amendment	and fee(s) are su	bmitted for filing.	
Please return all co	rrespondence conce	erning this matte	r to the following:	
		Willia	n Todd Vause	
			S Process Service	
		907 D	Delores drive	
		a llahass	See FL 32301 City/State and Zip Code	
		E-mail address:	Tice (UPSERVICE, C	Oracion)
For further informa	tion concerning thi	s matter, please (call:	
Roby	ame of Person		at (<u>850</u>) <u>656</u> Area Code Daytime	- 2605 e Telephone Number
Enclosed is a check	for the following a	amount:		
☐ \$25.00 Filing F	Fee IJ \$30.00 Cenif	Filing Fee & Teate 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 A</u> Registrat	ddress: tion Section		Street Address: Registration Sec	ction
Division P.O. Box	of Corporations 6327	;	Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	ess Service		211/NUY -9 PH 12: 09
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now app imited Liability Compan	<u>ears on our records.)</u> y)	TALEAHASSEE. F
The Articles of Organization for this Limited Liability Cor	npany were filed on	2-5-20	19 and assigned
Florida document number <u>L190000 370.53</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company	here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," th	ne designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>	
(Principal office address MUST BE A STREET ADDRE.	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our	r records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	-
		, Flori	
	City		Zip Code
New Registered Agent's Signature, if changing Registered A	<u>Vgent:</u>		

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>	Address	Type of Action
MGR	Robyn Buda	907 Delores Dr Tallahassee FL 32301	_ Add
			□Change
			□ Λ dd
			□Remove
			□Change
			□Add
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ective date, if other than the date of filing:	_ (optional) ays after filing.) Pursuant to 605.020
te: If the date inserted in this block does not meet the applicable statutory filing requirement are applicable statutory filing requirement of State's records.	ints, this date will not be listed as
	•
record specifies a delayed effective date, but not an effective time, at 12	2:01 a.m. on the earlier o
he 90th day after the record is filed.	
ed Nov 9th 2022.	
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