419000082226

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Ĉit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	

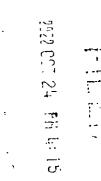
Office Use Only

A. RIVERS
JAN 1 3 2023



000396348940

19. 24/22--01015--004 **25.00



COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: UNEIDA DEVELOPA	ITNT I.I.L	
SUBJECT: ONEIDA DEVELOPA Name of Lin	mited Liability Company	
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
SPENCER	CTAWDAU Name of Person	
	Name of Person	
ONEIDA DE	EVIELOPMENT, U.C. Firm/Company	
	Firm/Company	
ZU DOMINIC	Address	
	Address	
ENGLENOOD	FL 34223 City/State and Zip Code	
SPENUIC. F. C E-mail address:	EPANDALE GMAIL. Com (to be used for future annual report notification)	
For further information concerning this matter, please	call:	
SPENIER CIZANUML Name of Person	at (531) 831 - 5328 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:	Street Address: Pagistration Section	
Registration Section Division of Corporations	Registration Section Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears on our records.) lity Company)			
The Articles of Organization for this Limited Liability Company wer	te filed on $\frac{3/25/2019}{}$	and	assigne	: d
Florida document number L1900082226.				
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 C	Company," the designation "LLC" or th	e abbreviation	ı"L.L.C.	14
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 here:	ress on our records, enter the n	ame of the	new re	gistered
Name of New Registered Agent:				
N. D. iv. LOW. All			2022	
New Registered Office Address:	Enter Florida street address		3	<u> </u>
	Florida		1/2	
	City	Zip Co	ode	<u> </u>
New Registered Agent's Signature, if changing Registered Agent:			.E.	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provi	formance of my duties, and I a	m familiar	with ar	nd

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	CHEISTOPHER D. MCINNIS	76 DOMINICA DE.	
		ENGLICHED, FL 34223	Remove
			□Change
			□Add
			□ Remove
			☐ Change
			□Add
		 	Remove
			□Change
			Remove
			Change
			□Add
			Remove
			□Change
			
			
			□Change

					<u> </u>		
	 						
			<u></u>				
					,		
					·		
							
		-			· <u></u>		
							
	N 2 24 - 1						
							
		 	<u>.</u>	· · · · · · · · · · · · · · · · · · ·	 		
							
.,					······································		
							
fective o	late, if other than tl	he date of filin	g:		(optional)	
มา effectiv nter If th	e date is listed, the date π ie date inserted in this	nust be specific and block does not a	d cannot be prior meet the annlic	r to date of filing o cable statutory fi	r more than 90 days Ting requirements	after filing.) Pursuant this date will not b	to 605.0207 (se listed as t
	s effective date on the						
	ecifies a delayed effect	tive date, but not	t an effective t	ime, at 12:01 a.i	n. on the earlier o	of: (b) The 90th day	y after the
is filed.							
ated	10/18/2022			_ ·			
	100	_					
	10/18/2022 Fæ	Signature of a	member or auth	orized representat	ive of a member		 -