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(Re	equestor's Name)	
(Ac	ldress)	
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(Cir	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	-
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Special Instructions to	Filing Officer:	,
2544- P21=	7/7/17	
17. MEL 1712	10/11/2	

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COVER LETTER

ro:	Registration Sect Division of Corpo		7		
SUBJEC	T:	3301 Ch	ickasha	Rd, L	LC
		Name of Lin	ited Liability Company		
The encl	osed Articles of Ar	mendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspond	lence concerning this matter	to the following:		
		Joh	n (cell	eher	
		_	Name of Person		
		38	SI Ch wc	asha R	<u>d</u> uc
		75-	76 Cedar	- Hurst	Ct
		(a/4	e wort	h fl	33467
		E-mail address: (City/State and Zip Code NN Le Leker to be used for future annua	3@(0	imast. net
or furth	er information con	cerning this matter, please co		'	
	John	Kelleher		722.	-1329
	Name of P	erson	Area Code	Daytime Teleph	one Number
Enclosed	is a check for the	following amount:			
□ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		S60.00 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 ARTICLES OF ORGANIZATION OF

Section of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company were filed on 48309 and assigned Florida document number 49000 97364

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" 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 BOS)

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:

6586 Hypoluxo Rd Suite 367

Lale Worth Florida street address

Lale Worth Florida 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 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 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

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
]Change
			□Remove
			□Change
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Notes	ive date, if other than the date of filing:
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Dated	September 27 2024
	Signature of a member or authorized representative of a member
	John Kelleher MGR

Filing Fee: \$25.00