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	Requestor's Name)	
	Address)	
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(	City/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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(	(Document Number)	
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SECRETARY OF STATE

2022 NOV -1 PH 12: 21



## **COVER LETTER**

Division of Corp			
SUBJECT:	Name of Lin	ited Liability Company	<u></u>
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Maurice	H-VC adu / Name of Person	
	Arcadie	Biggie and	WOOD
	2815 u	, Men Haven	ove #304
	<u>mulbou</u>	City/State and Zip Code	14
	E-mail address: (	bu Legal, (1	ification)
For further information cor	seerning this matter, please ca	all:	
Maur ice	Arcadur		3-599 S
Enclosed is a check for the	following amount:		
D \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate 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)
Mailing Address:		Street 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

(Name of the Limited Liability Co) (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing LIGOOLOA	any were filed on <u>04/12-12 (</u> 032	DIG and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited 1	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>enter the n</u>	name of SECRETA
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address , Florida	ARY OF ST
	City	Tap Ada 2

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

<u>Title</u>	Name	Address	Type of Action
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lf an offecti <u>Note:</u> Hi	the date, if other than the date of filing:	isuant to 605,0207 ( not be listed as t
e record sp rd is filed.	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 d.	th day after the
Jated	10/25/2022	
,		
	Signature of a member or authorized representative of a member	<del></del>