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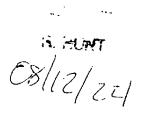
(Requestor's Name)
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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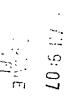




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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Co			
CHD IE		E TANS OF FLORIDA LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		ESSAM KERAS		
			Name of Person	
		MK BOOKKEEPING SEE	RVICES, LLC	
			Firm/Company	
		6741 LAND O LAKES BI	LVD	/
			Address	
		LAND O LAKES, FL 346.	38	
		ESSAM@MKBKSERVICE		(ification)
		E-mail address: (to be used for future annual report no	tification)
For furth	er information o	concerning this matter, please co	ill:	
ESSAM	KERAS		813 368 - 2872	
	Name c	of Person	Area Code Daytin	me Telephone Number
Enclosed	is a check for t	he following amount:		
□ \$25.0	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 Addres		Street Address:	aution
	Registration: Division of C		Registration Se Division of Co	
	P.O. Box 632	•	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANT TIME TANS OF FLORIDA LEC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{\text{L}19000119361}{\text{L}}$.	were filed on 05/10/2019 and ass	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:	(25)	
Principal office address MUST BE A STREET ADDRESS)	1.2	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the name of the new	v regis
Name of New Registered Agent:		 -
New Registered Office Address:	Enter Florida street address	
	City Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

ANY TIME TAKE OF PLOBING LLC

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>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	ELIZABETH GAZALA	6388 93RD TERRACE N #4605	= Add
		PINELLAS PARK, FL 33782	□Remove
		***	□ Change
			□Add
			□Remove
			□Change
			
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing of	r more than 90 days	after tiling.) Pursuant to 605.0.
e: If the date inserted in this block does not meet the applicable statutory filment's effective date on the Department of State's records.	ling requirements	, this date	will not be listed
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ord specifies a delayed effective date, but not an effective time, at 12:01 a.r	n on the earlier o	ው (አ) - ፒክ	a 90th day after t
filed.	n. on the carner (n. (O) 111	e zour day arter t
08/12/2024			
ed			
/S / SAMER ABU GHAZALEH Signature of a member or authorized representat			