## L19000187103

	equestor's Name)	
(Ac	Idress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	#)
(Bu	isiness Entity Nam	e)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	Ŷ



10/26/21--01001--022 \*\*25.00



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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: D Futher and Son LLC. Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Enclosed is a check for the following amount:

Section Section Section Section 1997 Section

\$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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF	AMENDMENT O	
ARTICLES OF C	ORGANIZATION DF	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited		
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000187103</u> .	vwere filed on 03/16/202	- 1 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>	<u>pility company here</u> :	
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		
<u>(Mailing address MAY BE A POST OFFICE BOX)</u>	<u> </u>	
B. If amending the registered agent and/or registered office <u>agent and/or the new registered office address here</u> :	address on our records, <u>enter the n</u>	•
Name of New Registered Agent:		
New Registered Office Address	Enter Florida street address	
	, Florida	
	City	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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

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## MGR = Manager AMBR = Authorized Member

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<u>Title</u>	1	Name		Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/25/21	· · · · · · · · · · · · · · · · · · ·
	Te la
	Signature of a member or authorized representative of a member
	Montrall Flugg

Typed or printed name of signee