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		(Re	questor's	Name)			
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Special	Instruction	ns to F	-iling Offic	cer:			
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10/05/23+-01024--010 ++25.00



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TO: Registration Section Division of Corporations

1E 9 LLC SUBJECT: 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:

MES A V E-mail address: (to be used innual report notification)

For further information concerning this matter, please call:

 $\frac{377-0333}{\text{Area Code}}$ at $\frac{337-0333}{\text{Daytime Telephone Number}}$

Enclosed is a check for the following amount:

🗙 \$25.00 Filing Fee

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□ \$30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ١

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<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassge 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF C	
0	F .
JAMES E. HAAS (Name of the Limited Liability Compa (A Florida Limited I	<u>CPA LLC</u> <u>ny as it now appears on our records.</u>) 2023 OCT - 5 AN 7:28 (ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u> </u>	were filed on $\underline{A46.}/\underline{57.}\overline{20/7}$ and assigned.
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u> <u>JAMES</u> <u>JAP5</u> The new name must be distinguishable and contain the words "Limited Liabil	LLC
Enter new principal offices address, if applicable:	
<u>(Principa! office address MUST BE A STREET ADDRESS)</u>	
Enter new mailing address, if applicable:	/
(Mailing address MAY BE A POST OFFICE BOX)	<u>ATTA</u>
1	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida Cuv 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.

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or removed from our records:

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MGR = Manager AMBR = Authorized Member

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<u>Title</u> •	<u>Name</u>	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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E. Effective date, if other than the date of filing: ______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

document's effective date on the Department of State's records.

record is filed.

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

Dated <u>SEPTEMBER</u> <u>J. a.</u> Signature of a member or authorized representative of a member <u>JAMES</u> <u>JAMES</u> Typed or printed name of signee