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2023 ROY 15 AM 9: 59 SEVITE VILLER STATE



COVER LETTER

Division of Corp	orations	•	•	
BECT:	Name of Limi	mont 110 ted Liability Company	4 {*******************************	
		, ,	~	
enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
ise return all correspor	dence concerning this matter	to the following:		
	Tracyl	Name of Person		
		Firm/Company		
	7833 Acos	Dect Hill Cir Address		
	New Pixt P	City/State and Zip Code	4	
	E-mail address:	to be used for future annual report notif	ication)	
further information or	oncerning this matter, please c	all:		
Name of	NZEC Person		ECUC Telephone Number	
closed is a check for th	e following amount:		2023 HOY	11
\$\$25.00 Filing Fœ	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres	\$ C	Street Address;	ALE SO	

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

(A)	Florida Limited L	iability Company)	<u>\$</u> 1	
The Articles of Organization for this Limited Liabi		were filed on $8-16-3$	<u>2019</u> and	assigned
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of the	e limited liabil	lity company here:		
The new name must be distinguishable and contain the words	s "Limited Liabili	ty Company," the designation "LLC"	or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable	le:			<u>.</u>
(Principal office address MUST BE A STREET A	ADDRESS)			<u></u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO.	<u>)X)</u>			
B. If amending the registered agent and/or regis	stered office a	ddress on our records, <u>enter (</u>	he name of the	new registered
agent and/or the new registered office address h	ere:			
Name of New Registered Agent:	Tracy	Pizzer	- YOU	
New Registered Office Address:			ာ တ	4 - मण्लावा
		Enter Florida street address Flo	rida F	(
		Ciņ·	Zip Co	de

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 Changing Registered Agent, Signature of New Registered Agent

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	<u>Address</u>	Type of Action
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If amending any other information, enter change(s) here: (Attach additional sheets, if n		<i>7-9</i>	
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		<u></u>	2023
		5.	<u> </u>
ffective date, if other than the date of filing:		•	7 V
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after ote: If the date inserted in this block does not meet the applicable statutes of filing or more than 90 days after oter.	ional) r filing.).	Pursulant	යා to 60 5.0207
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days afte of the date inserted in this block does not meet the applicable statutory filing requirements, the occurrent's effective date on the Department of State's records.	is date v	vill not b	e listed as
Water - J.		-4 - 1.	• •
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (I	b) The	90th day	after the
ated <u>Aug. 1, 2023</u>			
Manager 1 62 · 1			
Signature of a member or authorized representative of a member			_
Signature of a member or authorized representative of a member			_

Filing Fee: \$25.00