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COVER LETTER

Division of Cor				
SUBJECT:	Rame of Limi	pentry LLC lied Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		Name of Person	<u> </u>	
	<u> </u>	Firm/Company		
		Ags Pl Address		014 <u>1</u> 202
	Longwood	City/State and Zip Code	Oug	DIVISION OF CORPORATIONS 2029 JUL 25 PM 12: 40
	E-mail address! (to be used for future annual report not	ification)	ORPCRE
For further information c	oncerning this matter, please c	all:		5: 1:0
Carrett Name o	Prea H f Person	at (919) 631 - Area Code Daytir	6494 ne Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy radditional copy is enclosed)	S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is en	itus &
Mailing Addres Registration	Section	Street Address: Registration S		
Division of C P.O. Box 632	•	Division of Co The Centre of		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	The state of the s
(Name of the Limited Liability Compa (A Florida Limited I	lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1900() 25 3860</u> .	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
G. R. Pratt The new name must be distinguishable and contain the words "Limited Liabil	Company LLC
The 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:	631 Landings P1 = == Langwood, F1 32760 = ===
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	631 Landings pl Bus Longwood, Fl 32750 5
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	
Name of New Registered Agent:	zarrett Pratt
New Registered Office Address: 631	tarrett Dratt Landing S D Enter Plorida street address
Longwi	OO & . Florida 32756 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 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

<u>Title</u>	Name	Address	Type of Action
MGR	Carrett Pratt	131 Landings Pl	ÞAdd
		631 Landings Pl Longwood, Fl 32750	🗆 Remove
			☐ Change
			🗆 Add
			Remove
			□Change
			Dryish
			DIVISION OF CONCORNING
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ocument's effective date on the Department of State's re	cords.				
record specifies a delayed effective date, but not an effec	ctive time, at 12:01	a.m. on the earlie	r of: (b) The 90ti	h day af	fter th
l is filed.	•				
111 - 12 00	22				
pated <u>October 18</u>					
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		ntative of a member			

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