19000267799

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DATE:

9/27/21

NAME:

DEBRA FALL, LLC

TYPE OF FILING: AMENDMENT

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AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEBRA FALL, LLC			
(Name of the Limited Liability Company as it now (A Florida Limited Liability Cor	pappears on our records.)		
The Articles of Organization for this Limited Liability Company were filed on 10/25/2019			
Florida document number L19000267799			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability comp	any here:		
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX			
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	COTT CO CONTROL OF THE CONTROL OF TH		
 If amending the registered agent and/or registered office address on gent and/or the new registered office address here: 	our records, enter the name of the new registere		
gent and or the new registered office address here:	is see a m		
27	SSEE: I		
Name of New Registered Agent:	——————————————————————————————————————		
New Registered Office Address:	m 0.		
En	ster Florida street address		
	, Florida		
City	7in 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 amoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Debra A. Fall	6555 Suwanee Rd.	□Add
		Pensacola, FL 32526	□Remove
			∃Change
AMBR	Debra Ann Fall Revocable Trust	6555 Suwanee Rd.	
		Pensacola, FL 32526	□Remove
			□Add
			Remove
			☐ Change
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ii an end Note:	ve date, if other than the date of filing:
e record rd is file	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_	Sept. 24, 2021
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00