L1900026791H

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22 APR 21 PM 3: 17

T. MATTHEWS
JUN - 6 2022

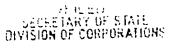
COVER LETTER

TO: Registration Section Division of Corporations SUBJECT:	· ·
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:	
Ashley Nowenberg Name of Person	
,	
Talon lewing + Sales LLC Firm/Company	
36468 EMERALD COAST PRWY #2101	<u> </u>
Destin, FL 32541 City/State and Zip Code	
City/State and Zip Code	
E-mail address: (to be based for future annual report notification)	
For further information concerning this matter, please call:	
ASNIEY NON reuberg at (850) BH23250 Area Code Daytime Telephone N)
Name of Person Area Code Daytime Telephone N	umber
Enclosed is a check for the following amount:	0.00 Filing Fee,
Certificate of Status Certified Copy Ce	ertificate of Status & ertified Copy Iditional copy is enclosed)

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

Street Address:
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



22 APR 21 PM 3: 17 The Articles of Organization for this Limited Liability Company were filed on __ Florida document number <u>L_1|a0002678|4</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _ Cin

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
Manager	Bryan Kiefer	36468 Elmerald Court Kwy	□Add
_		#2101 Desty Pl 32541	
			Change
Manager	Sheila Habert	36468 Emerald coast PKWy#	=_ Add
		Desta Fr 32541	□Remove
			□ Change
			🗆 Add
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Note: If	date, if other ive date is listed, the date inserted the date inserted the effective date	l in this block d	loes not meet t	he applicable s	2022 of filing or more t tatutory filing rea	(option han 90 days after fi quirements, this c	al) ling.) Pursuant to 605.02 late will not be listed
e record s ord is filed		ed effective dat	e, but not an c	ffective time, a	t 12:01 a.m. on tl	ne earlier of: (b)	The 90th day after th
Dated	04/m			22			
		Sign	ature of a memi	er or authorized	representative of a	member	·

Filing Fee: \$25.00