L19000277242

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	\sqcap

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01/24/23--01012--021 **25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ANDFLAPPY, LLC	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on 11/06/20	and assigned
Florida document number L19000277242	·	<u>.</u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	
(Principal office address MUST BE A STREET ADI	ORESS)	
		,
		· :
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>-</u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		cords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	oddress
		Florida
	City	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

COVER LETTER

And the second second

Tallahassee, FL 32314

TO: Registration Se Division of Con			
CUBIECT. CDAND	ELABBY H.C		
SUBJECT: GRAND	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Corpor	ate Maintenance Lea	ad
		Name of Person	
	Proc	essing Department	
		Firm Company	رحب
	1	1450 Vassar St	
		Address	· · · · · · · · · · · · · · · · · · ·
		Reno, NV 89502	_
	-	City State and Zip Code	······································
	F. mail address: (to be used for future annual report notif	(Cation)
For further information	concerning this matter, please ca	·	Cattony
To Tarale information	concerning dus matter, prease co	uir.	
	sing Department	at (800) 638-2320	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS:	STREET/COURD	
Divisi	ration Section on of Corporations Sox 6327	Registration Section Division of Corpora Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

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
AMBR	DEBORAH EWING	4024 CASEY KEY RD	D Add
		NOKOMIS,	☐ Remove
		FL 34275	☐ Change
			D Add
			□ Remove
			☐ Ghange
		-	.; □ Change ∽
			bbA □
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			Change

ii amenaing	any other information.	enter cha	inge(s) here:	(Attach add	itional sheets.	if necessary.j	
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Note: If the d	e, if other than the date to is listed, the date must be sate inserted in this block of fective date on the Depart	oes not me	et the applicab	date of filing of le statutory fi	r more than 90 da	(optional) ys after filing.) Pu sts. this date wil	arsuant to 605.02(Il not be listed a
The 90th	pecifies a delayed eff day after the record	is filed.					the earlier (
Dated	11- 16 Sign		2017	_ ·			
		? leke	aus				
	Sign	mire of a mo	ember of authori	zed representa	tive of a member		
			BLAKE	EWING			

Page 3 of 3

Filing Fee: \$25.00