LZ0000028578

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600371316086

09/20/21--01028--029 **25.00

SECRETARY OF STATE

OS/31/2021

COVER LETTER

Registration Section Division of Corporations

ΓO:

UBJECT:	Se Thereny As	TSO eletes No. 74 Fl. ited Liability Company	urida LLC
he enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspon	ndence concerning this matter	to the following:	
	Anthony a	Name of Person	
	. ,	Name of Person	
	Lhere The	Firm/Company	4 Florida LLC
	1688 E. Se	Address	c 6
	Apapha, F	City/State and Zip Code	
		City/State and Zip Code	
	AChese 4	to be used for future annual report notif	
	E-mail address: (to be used for future annual report notif	ication)
or further information co	oncerning this matter, please c	all:	
Ant-Lany C	Llace	at (467) 421- Area Code Daytime	9677
Name of	Person	Area Code Daytime	Telephone Number
Inclosed is a check for th	e following amount:		
X \$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)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee 2 Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED **OF**

2021 AUG 20 PM 8: 43 Chase Theren Assacrase North Floride Contact of cini

(Name of the Limite	ed Liability Company a (A Florida Limited Liabi	is it now appears on or ility Company)	ATTEMPH SSEE.	FEGEL
he Articles of Organization for this Limited Li	ability Company we	re filed on	2/20	and assigned
lorida document number <u>4 200000 28</u>				
his amendment is submitted to amend the follo	owing:			
. If amending name, enter the new name of	the limited liability	y company here:		
ne new name must be distinguishable and contain the w	ords "Limited Liability (Company," the designat	ion "LLC" or the abb	previation "L.L.C."
nter new principal offices address, if applica	able: _			
Principal office address MUST BE A STREE	<u>TADDRESS)</u>		· <u> </u>	
	_	<u></u>		
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE I	BOX)			
. If amending the registered agent and/or re	onistored office add	tress on our record	s enter the name	e of the new registers
gent and/or the new registered office addres		ites on our record	one me	or the second
Name of New Registered Agent:	Anylon	y Chose		
New Registered Office Address:	1355 E.	Sensies /	3101, 50 vet address	ite 6
	Arosh.	5	, Florida	32743 Zip Code
		City		Zip Code
ew Registered Agent's Signature, if changing F	tegistered Agent:			

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

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

AGR = Manager AMBR = Authorized Member

<u>litle</u>	<u>Name</u>	Address	Type of Action
468	Lisa Chise	1855 E Service Blut	□Add
		Suire 6	⊠ Remove
		Aro, U. F. 6 32703	□Change
46R	Anthony Chere	1655 E Sommen Blud	% Add
		Suik 6	□Remove
		Apr. 16c, FC 32763	Change
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change

11 ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
-	
-	
-	
-	
_	
-	
-	
-	
_	
_	
_	
Effect If an eff	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e recoi rd is fi	d 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 led.
Dated	August 18 16 2021
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signer

ED: E 035.00