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(Requestor's Name)
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, ,
PICK-UP WAIT MAIL
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(Document Number)
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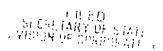
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COVER LETTER

TO: Registration So Division of Cor					
	NYEI	\ <i>C</i>			
SUBJECT:	Name of Lim	ited Liability Company	·		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Broc	K Wore	a)		
	- FXX	Firm/Company			
	2391 Nor	4/vmbria Address	Oc		
	Sanford	FL 327	<u> </u>		
		to be used for future annual			
For further information of	oncerning this matter, please c	all:			
Brock	Morean	at (32\)_	297-8898		
Name o	F 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 e	Certificate of Status &		
Mailing Addres Registration			Address: tration Section		
Division of Corporations		Divisi	Division of Corporations		
P.O. Box 632 Tallahassee,			entre of Tallahassee N. Monroe Street, Suite 810		
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 AUG -2 AHII: 27 Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Florida document number \(\sum_2000055266\) 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 "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) 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 Cirv

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, Slgnaturce of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MIGR	Preston Moreau	2391 Northumbria Dr.	\$\forall \text{Vqq}
		Sarford FL 32771	□Remove
			□Change
16	Holly Moreau	2391 Northumbria Dr	□Add
	·	Sarford FL 32771	∜ Remove
			□Change
407 Y =			🗖 Add
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editione's effective	date on the Departm	ent of State 8 feet	orus,			
ecord specifies a de	layed effective date,	but not an effective	ve time, at 12:01 a.r	n, on the earlier of: (b) The 90th day aft	ter the
is filed.						
ned July	29	20,	77			
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	Signate	<u>Scock</u>	nuthorized representat	X)		
		are or a member or a	mmonzea representat	ve of a member		