	LABRIEL IBIN BEIM BEIM BIRKLABUR BING BING EIN ALTRE HEIR BRICH (FIR)
(Requestor's Name)	
(Address)	80040664
(Address)	00040004
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	95/01/2301003019
(Document Number)	
Certified Copies Certificates of Status	32 ———————————————————————————————————
Special Instructions to Filing Officer:	ALLAHASSEE, FLOP:
Office Use Only	



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**\*\*25.00** 

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## **COVER LETTER**

SUBJECT: JW	seca Koff	ny LLC	ephone Number    \$60.00 Filing Fee.   Certificate of Status &
SUBJECT:			
The enclosed Articles of A	mendment and fee(s) are subn	nutted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Tribe	ca Hoofings	10
	671 W	Cadulac Dr.	
	<u> Wan</u>	Of the Spring, City/State and Lip-Code	FI 32714
	E-mail address of	o be used for future annual report notifi	(cation)
Let further information co	ncerning this matter, please ca	II:	
- Klbulu Name of	Person Lun Der 3		+904 Telephone Number
Luclosed is a check for the	e following amount:		
525.00 Filing Fee		Certified Copy	Certificate of Status &

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

	Or		. <i>j</i>
Tribela (Name of the Limit	LL Company as it now as (A Florida Limited Liability Compa		PM :: 0_
The Articles of Organization for this Limited L Florida document number <u>L2 0000</u> O	iability Company were filed or	n 3/30/202	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability compar	<u>w here:</u>	
The new name must be distinguishable and contain the v	words "Limited Liability Company,"	the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:		
Principal office address MUST BE A STREI	ET <u>ADDRESS)</u>	<del></del>	
Enter new mailing address, if applicable:	<del></del>		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addre		our records, enter the na	me of the new registered
Name of New Registered Agent:	Kebula	hamber	
New Registered Office Address:	_ lell W (A	ex.Florida street address	- <del></del>
	alfamonte &	Soring 5. Florida_	325/4
	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 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 Type of Action Title Julie Bosen Meyer 671 W Cadellac Dr DAdd altam Onte Springs FI 32714  $\square$  Add □Remove Ambor Trubeca Roofing Salos toth 8 the Green Xadd \_\_\_ 🗀 Change Sute 8 Dover, Delawile Remove □ Change □ Remove Change Remove Change

Remove

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n effective date is ne: If the date	f other than the date of filing:	5.0207 ted as
ecord specifies is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
ned Ma	u 1st 2023	
	Signature of a member or authorized representative of a member	
$\cap$	) ' / )	

Filing Fee: \$25.00