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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

TO:

TO: Registration S Division of Co		_			
	GENERATIONAL DEVE	LOPMENT, LLC	•		
SUBJECT:	Name of Lin	nited Liability Company	<u> </u>		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	Thomas Hug	er 			
		Name of Person			
	Generational	Development, LLC			
		Firm/Company			
	Firm/Company 928 Sycamore St				
		Address	<u> </u>		
	Daytona Beach, FL	32114			
		City/State and Zip Code			
	tahuger@yahoo				
	E-mail address: (to be used for future annual report no	otification)		
For further information	concerning this matter, please c	ali:			
Thomas Ho	uger	at (386) 631-035	50		
Name	of Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for	the following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addr		Street Address:	at		
Registration	Section Corporations	Registration S Division of Co			
P.O. Box 63		The Centre of	•		
Tallahassee,			oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 15 PM 12: 34

GENERATIONAL DEVELOPMENT, LLC SECTION OF THE SECTIO	rr				
GENERATIONAL DEVELOPMENT, LLC (Name of the Limited Liability Company as it now appears on our records ALL AHASSEE, FL (A Florida Limited Liability Company)	.1 [-				
The Articles of Organization for this Limited Liability Company were filed on 3/24/3-c and assigned and assig					
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"	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 agent and/or the new registered office address here: Name of New Registered Agent:	registered				
New Registered Office Address: Enter Florida street address					
Florida					
City , Florida, 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 compl provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum	and				

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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ffective date, if oth	er than the da	ate of filing	! :			((optional)		
an effective date is liste lote: If the date inse	d, the date must be	e specific and	cannot be pr	ior to date of	filing or mor	than 90 days	after filing.)	Pursuant to	o 605.0207
ocument's effective					utory ming	equirements	, uns date v	THE HOLE ON	. Hateu da
record specifies a de	layed effective d	late, but not	an effective	e time, at 1	2:01 a.m. on	the earlier o	f: (b) The	90th day	after the
l is filed.									
. 9 June			2022						
ated 9 June		12,		 -					
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