

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #	(1)
PICK-UP	WAIT	MAIL
	(Business Entity Name)	,
	(Document Number)	···
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





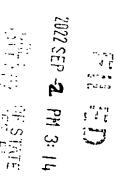
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2022 SEP -2 PM 2: 53

A. BUTLER SEP - 2 2022



COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: AS	ne. Kalor	1	
SUBJECT: 119		ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Ashley 1	Name of Person	
		Firm/Company	
	770 Ap	pleyard Drive	Ap+ 14 A
	Tallahassa	ee FL 3230° City/State and Zip Code	/
		or 6 a 9 mail. Col	
For further information con	cerning this matter, please ca	all:	
Ashley K.	Desinor	at (<u>786</u>) <u>600 -</u> Area Code Daytime To	5857 elephone Number
Enclosed is a check for the	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)
Mailing Address:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 OF

FilD

Ashe Ka	alon i	LC		-2 PM 3:15
(Name of the Limi The Articles of Organization for this Limited L	iability Company	thy as it now appears or Liability Company) were filed on	TATE	OF STATE OF STATE and assigned
This amendment is submitted to amend the foll				
A. If amending name, enter the new name of the new name must be distinguishable and confain the view of the new name of the ne	tu Ma	nagemen	nt LLC	abbreviation "L.IC."
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)		<u>-</u>	
Enter new mailing address, if applicable: (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	-	address on our reco	rds, <u>enter the na</u>	me of the new registered
Name of New Registered Agent: New Registered Office Address:	Ashl-	ey K. I	besinor Drive A	101 14A
	Tallah	Egier Florida OSSEL City	street address, Florida _	32304 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

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>	Address	Type of Action
 -			□Add
			□Remove
			
			□Add
		Remove	
			Change
			□Add
			□ Remove
		 .	Change
		 	□Add
			
		□Change	
			□Add
			□Remove
		 	Change
			□Remove
			Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effec <u>Note:</u> If	e date, if other than the date of filing:
the record	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
Dated	Sept. 2 . 2022.
	Anguature of a member or authorized representative of a member
	Ashley C. Desinor Typed or printed name of signee

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