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000439772890





COVER LETTER

Division of Cor			
subject: <u>A . V</u>	AUGHNER A	HUENTURES ited Liability Company	L.LC_
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		TE VAUGHN Name of Person	
	A VAUGHNE	R ADITUTES Firm/Company	LLC
	101 CENTU	24 21 DRIVE	SUITE 112
	into Quar	City/State and Zip Code 4 hae adventure to by used for future annual report notif	es. wok
For further information c	oncerning this matter, please co		
ANT DINIC Name o	ETTE VAUGHA	15 at (936), 714-11 Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
√\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed

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 OF

empany here: LLC Impany," the designation "LLC" or the abbreviation "L.L.C." CI CENTURY 21 DRIVE SLITE 112 ACKSONVILLE, FL 32216 SUITE 112 SACKSONVILLE FL 32216 ess on our records, enter the name of the new registered		
DI CENTURY 21 DRIVE SUITE 112 ACKSONVILLE, FL 32216 SUITE 112 ACKSONVILLE FL 32216 SUITE 112 SACKSONVILLE FL 32216		
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JACKSON VILLE FL 32216		
JACKSON VILLE FL 32216		
ess on our records, enter the name of the new registered		
Enter Florida street address		
, Florida		
City Zip Code		
act in this capacity. I further agree to comply with the ormance of my duties, and I am familiar with and ded for in Chapter 605, F.S. Or, if this document is ress. I hereby confirm that the limited liability:		
o fe i		

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
			□Remove
			□ Change
			□Remove
			☐ Change
			□Add
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			Remove 7723 1 OChange 1 OC
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	ng any other information, enter change(s) here: (Attach additional sheets, if necess		_
			
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(If an effective Note: If the	date, if other than the date of filing:	ing.) Pursuant to 6	05.0207 (3)(b sted as the
he record sp ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day af	ter the
Dated	10 MOVEMBER 2024	3	2024
	lly		RO7 .
	Signature of a member or authorized representative of a member	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	2021 NOV 19 AH II: 35
	ANTOINETTE VAUGHNER Typed or printed name of signee	000 1000 1000 1000	
	Turned or meintaid names of views		

Filing Fee: \$25.00