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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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R. HENT 04/04/23

COVER LETTER

| TO: Registration Sec Division of Corp | | | | | |
|---|---|--|--|--|--|
| SUBJECT: ME | ghan Stephen Name of Lim | , LLC | | | |
| SUBJECT. | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of A | amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspon | dence concerning this matter | to the following: | | | |
| | Me | Mane of Person | | | |
| | | Firm/Company | , | | |
| | 2320 N | 950th Cart | | | |
| | | Address | | | |
| | Light | house Point, FL | 33009 | | |
| | Meghan E-mail address: (| City/State and Zip Code SHPHINS 9 Degma to be used for future annual report noti | 33004 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| For further information co | ncerning this matter, please ca | all: | 3: 1: STAI | | |
| Meghan Pin | ik | at (50 1 7 55 - 3 Area Code Daytim | 375) | | |
| Name of | Person | Area Code Daytim | e Telephone Number | | |
| Enclosed is a check for the | e following amount: | | | | |
| □ \$25.00 Filing Fec | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Mailing Address | | Street Address: | | | |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | | | |
| P.O. Box 6327 | | The Centre of T | • | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Co | Jey has thow appears on ou | r records.) | |
|--|--|-------------------------|--------------------------|
| (A Florida Lim | nited Liability Company) | | |
| The Articles of Organization for this Limited Liability Comp Florida document number <u>し よののの17 </u> | pany were filed on $\frac{(\rho/\lambda)}{(\rho/\lambda)}$ | 5/2020 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | liability company here: | | |
| TO CONTRACTOR OF THE PARTY OF T | meghan f | Dinter L | -LC |
| The new name must be distinguishable and contain the words "Limited | Liability Company the designati | ion "LLC" or the al | obreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRES. | S) | | |
| | | | 200 |
| | | | ` |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 1 43 | 7 111 |
| | | Hico | ت ت |
| | | | <u></u> |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | Tice address on our records | s, <u>enter the nan</u> | ne of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida stre | eet address | |
| | | , Florida | |
| | 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 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> | Name | Address | Type of Action |
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| Tective date, if ot | ther than the date of | f filing: | | | _ (optional) | | |
| an effective date is list ote: If the date ins | ned, the date must be specterted in this block does that on the Department | ific and cannot be a not meet the ar | plicable statutor | | | | |
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