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Special Instructions to Fi	ling Officer:	
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Office Use Only



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2020 AUG 24 AM 8: 25 SECRETARY OF STATE



COVER LETTER

TO: Registration Section Division of Corporations						
SUBJE	cr. Luni) Dag	116			
SUBJE	CI: <u></u>	<u> </u>	Name of Lin	nited Liability Company		
The enc	losed Articles of	Amendment and	l fee(s) are sub	omitted for filing.		
Please r	eturn all correspo	ondence concern	ing this matter	to the following:		
		_Js	NTE	HARDY Name of Person		
		Pu	mp O	he LLC Firm/Company		
		247	5 Kat.	Hi-Kim St Address		
		Loco A	hardy.)	32926 City/State and Zip Code h (a) grage/. com to be used for future annual report	notification)	
For furt	her information o					
Jo1	VTE HA	RDY of Person		at (<u>32/</u>) <u>50</u> Area Code Da	5 - 2424 ytime Telephone Number	
Enclose	d is a check for t	he following am	ount:			
□ \$25	.00 Filing Fec	t 2 \$3 0.00 Fii Certifica	ing Fee & te of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	Mailing Address Registration 1 Division of C	Section		Street Address Registration		
	DITION OF C	orporations		O HORBINI	Corporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2020 AUG 24 AM 8: 25 Liability Company as it now appears on our record ALLAHASSEE. FL The Articles of Organization for this Limited Liability Company were filed on 7-2-2020 and assigned Florida document number <u>L 2001) 1934 72</u> 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," 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida ___ Cin 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
AMBR	JONTE HARDY	2475 Kathi-Kim St COCON, FL 32926	🖾 Add
			□Remove
	•		□Change
AMBR	AMBR Keisha HARDY	2475 Kathi - Kim St coco. FL, 5292p	<u>A</u> □Add
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f an effec <u>Note:</u> H	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as at seffective date on the Department of State's records.
e record rd is file	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 _	8-21-2026 1:39 11-2026
	eignature of a member of authorized representative of a member

. . .

Filing Fee: \$25.00