## 120000268216

(Re	questor's Name)			
(Ad	dress)			
(Address)				
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(Cit	y/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
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O SIMMONS
DEC 1 6 2020

## **COVER LETTER**

TO: Registration Section Division of Corporations	. ,			
_ 1	insulting	ilc		
SUBJECT. O	<del></del>	Liability Company		
The enclosed Articles of Amending	ent and fee(s) are submit	aed for filing.		
Please return all correspondence co	oncerning this matter to t	he following:		
Ro	nnie A.	Name of Person		
		x / 14		
		Firm/Company		
6	703 Me	Address	rding B.	lvd
$\mathcal{W}$	incormere	H 341	8 LP	
K	Por Oats 9 6	City/State and Zip Code  South Good Community  Communit		
	E-mail address: (to b	be used for future annual repor	rt notification)	
For further information concerning	this matter, please call:			
RONNIE A. O. Name of Person	2/s	at ( <u>497</u> ) <u>42</u> Area Code 12	88 - 5900 Saytime Telephone Number	
Enclosed is a check for the follow	ing amount:			
	0.00 Filing Fee & ertificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	) Certified	nte of Status &
Mailing Address: Registration Section		<u>Street Addre</u> Registratio	n Section	
		Distinion	f Comparations	

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

Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

OSU/Ang (2023 NOV 10 AM 7: 55

(Name of the Limited Liability Company as it nowsappears on our records.) ATF

UCIS (UNSU/tr	ng Caramoriu an 1.33
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) ATE Limited Liability Company,  [74] A. A. A. S. S. F.
	720/2000
The Articles of Organization for this Limited Liability C	and assigned
Florida document number <u>L2 00002683</u>	2/6
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDR	RESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
<del></del>	City Zip Code

## ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and coept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany 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
<u>46</u> R	Monnie A.	<u>Oats</u> Sr	6703 Merick Lara Birol Winderneie F13478	Add DAdd
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				Change
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				Remove  23 NO Charge  AAdd  7: 57 Remove
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	_ <del></del>			□Add
				□Remove
				□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
SECTION STATE
TALLAHASSEE, FL
5. Effective date, if other than the date of filing: (optional)  (If an effective 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 (3)(b)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
f 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 record is filed.
Dated November 3 2020 × Hant (
Signature of a member or authorized representative of a member
Ronnie A. Da-/s Typed or printed name of signee

Filing Fee: \$25.00