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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J. HORNE DEC 12 2022
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sidding Setfits and more By Mite LCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Perry Name of Person
Sidding Softing and Mar By Mike
5025 Boxwood Ln tall Fla 32303
Ferry Stating Co & Gmail Com H-mail address-no be used for future annual report notification)
For further information concerning this matter, please call:
M. check Person at (850) 694 2323 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee SCErtificate of Status Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Registration Section Division of Corporations

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

S and More By M, kell C
Liability Company as it now appears on our records.)
(Florida Limited Liability Company) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) E. 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

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 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>l'itle</u>	Name	Address	Type of Action
MGR	Carl Benett	2100 autanmen 32	(<u>沙ケ</u> □Add
		2100 autanmen 32 Tallahassee fe	ERemove
			□Change
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n effect <u>(te:</u> If	e date, if other than the date of filing:
s filed	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 following the follo
ed	12 (12 2022. Missingular of a member or authorized representative of a member Missingular printed frame of signer.
	Mark -
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00