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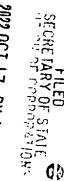
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:		ited Liability Company	<del> </del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Timothy M Leach			
	ALL MANAGEMENT	Name of Person		
		Firm/Company		
	1459 Barrington Circle			
		Address	<del></del>	
	St Augustine, Ft. 32092			
		City/State and Zip Code		
	tleach@bearfin.com			
	E-mail address: (	to be used for future annual report noti	ification)	
For further information c	oncerning this matter, please c	all:		
Timothy M Leach		904 599-0041 at ()		
Name of Person		Area Code Daytim	e Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration Section			Registration Section	
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

as it now appears on our records.) bility Company) ere filed on September 22, 2020 and assigned
ere filed on September 22, 2020 and assigned
y company here:
Company," the designation "LLC" or the abbreviation "L.L.C."
dress on our records, <u>enter the name of the new regist</u>
Enter Florida street address
Enter Florida street address , Florida

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
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. 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. If 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 October 12 2022

Signature of a member or authorized representative of a member

Timothy M Leach

Typed or printed name of signce