h20000 300587

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(City/State/2/p/Filotte #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, ,
Codification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900363027369

04/22/21--01009--006 **25.00

1-10/2

COVER LETTER

	Registration Se Division of Cor			44
CHD ID/	Elletate, LI.	.c		
SUBJEC	-1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Lisa Denning Tate		
			Name of Person	
			Firm/Company	
		25363 NW 1st Avenue		
		N. 1 171 22440	Address	.
		Newberry, FL 32669		
		lisad.cma@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	all:	
Tuisdie			at () 375-2453 Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.0	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)

TO:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Pair	ited Liability Company as it now appears on ou (A Florida Limited Liability Company)	(((((((((((((((((((
The Articles of Organization for this Limited 1	Liability Company were filed on 9/23/2020	and assigned
Florida document number L20000300587		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
-		
		
Fator and weather address if analisable.		
Enter new mailing address, if applicable:		~
(Mailing address MAY BE A POST OFFICE	<u></u>	<u> </u>
		, n 3
B. If amending the registered agent and		records, enter the name of the ne
registered agent and/or the new registered of	office address here:	
Name of New Registered Agent:	Lisa Denning Tate	
New Registered Office Address:	Enter Florida stree	ot address
	iner i waaste	un sauman News
		, 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> or <u>removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Lisa Tate	25363 NW 1st Avenue	
		Newberry, FL 32669	
		·	■ Remove
			Change
AMBR	Lisa Denning Tate	25363 NW 1st Avenue	
		Newberry, FL 32669	
			□ Remove
			Change
			Remove
			Change
			Change
			
			Remove
			Change
			Remove
			□ Change

		<u> </u>		
	<u> </u>	<u> </u>	. <u></u>	
-				
	· · · · · · · · · · · · · · · · · · ·			
		-	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>			
			<u> </u>	
				
		· · · · · · · · · · · · · · · · · · ·		
	•	<u> </u>		
Effective date, if other than the fan effective date is listed, the date minimum. If the date inserted in this lidocument's effective date on the light	ust be specific and cannot be prolock does not meet the app	ior to date of filing or more licable statutory filing re		
ne record specifies a delaye The 90th day after the re		not an effective tim	e, at 12:01 a.m. on the	e earlier of
Dated April 8	2021			
	<u> </u>	thorized representative of		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00