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## **COVER LETTER**

rations		
er. LLC		
	nited Liability Company	
nendment and fee(s) are sub	omitted for filing.	
ence concerning this matter	to the following:	
George Stringer		
	Name of Person	
	Firm/Company	
8507 Tulip C		
	Address	· ·
Orlando, FL 32819		
georgestringer@mindsprin	·	
E-mail address:	to be used for future annual report notif	fication)
erning this matter, please of	all:	
	407 222-7047 at ()	
rson	Area Code Daytime	: Telephone Number
ollowing amount:		
□ \$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)
oporations 32314		porations allañassee e Street, Suite 810
	Name of Lin nendment and fee(s) are subsence concerning this matter  George Stringer  Orlando, FL 32819  georgestringer@mindsprin	Address  Orlando, FL 32819  City/State and Zip Code georgestringer@mindspring.com  E-mail address: (to be used for future annual report notificerning this matter, please call:  407

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

George Stringer LLC		
(Name of t	the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)	
The Articles of Organization for this Li	mited Liability Company were filed on 04/04/2022	and assigned
This amendment is submitted to amend		
	name of the limited liability company here:	
George Raymond Stringer HI LLC		
The new name must be distinguishable and cor	tain the words "Limited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address,	f applicable:	
(Principal office address MUST BE A	STREET ADDRESS)	
Enter new mailing address, if applica	ble:	
(Mailing address MAY BE A POST O	FFICE BOX)	
B. If amending the registered agent a	and/or registered office address on our records, enter the name	me of the new register
agent and/or the new registered office	——————————————————————————————————————	
Name of New Registered Age	<u>nt</u> :	
New Registered Office Address		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if ch		
provisions of all statutes relative to the accept the obligations of my position	egistered agent and agree to act in this capacity. I further a the proper and complete performance of my dutics, and I am as registered agent as provided for in Chapter 605, F.S. Or in the registered office address, I hereby confirm that the la tof this change.	familiar with and ; if this document is
	If Changing Registered Agent, Signature of New R	egistered Agent

MGR = M $AMBR = M$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
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			\ \ \ \_ \_ \Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			Change

D. If amending any other information	n, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
	······································
-	
-	
	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)() does not meet the applicable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective da record is filed.	ite, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	1. 2022.  Jeonge Stringer  nature of a member of authorized representative of a member
Sie	nature of a member of authorized representative of a member
	Jeorge Stringer Typed or printed name of signee

Filing Fee: \$25.00