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(Requ	uestor's Name)	
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(City/	State/Zip/Phoni	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



400379604874

T. MATTHEWS JAN 25 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 305 inchting LLC 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:
Dahne (. Groman
Name of Person
Firm/Company
888 Biscanne BlvJ #4902
Address
Miam: FL 33132 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dahne Groman at (<u>786</u>) 860 - 4434 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

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ity Company as it now appears a Limited Liability Company)	on our records.)
Company were filed on	0/04/2 and assigned
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nited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
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ed office address on our re	cords, enter the name of the new registered
Enter Flori	da street address
City	, Florida Zip Code
	ty Company as it now appears a Limited Liability Company) Company were filed on

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Dahne C. Groman	888 Biscayne BIVJ #	4902 (Kad
		Milani FL 33132	□Remove
			□ Change
(<u>E0</u>	Dahne C. Gronan	888 B. Scayne Blud Apt 4	702 _{□Add}
		M.An: FC 33132	Remove
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