K21 000017339

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SECRETARY OF STATE
TALL ANASSET FLORING

COVER LETTER

TO:	Registration Se Division of Cor			
er:p.irz		or & Trim, LLC		••
SUBJEC	JI:	Name of Lin	nited Liability Company	
The encl	losed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		Ryan Cipparone, Esquire		
			Name of Person	
		Cipparone & Cipparone, F	P.A.	
			Firm/Company	
		1525 International Parkwa	y, Ste. 1071	2022 AUG - I SECRETARY TALLAMASSEI
			Address	ANS NEW YORK TO A SERVICE AND
		Lake Mary, FL 32746		SSE +
			City/State and Zip Code	AM II: 3
		rcipparone@cipparonepa.co	om to be used for future annual report notificat	
For furth	er information c	oncerning this matter, please c		Qm T
Ryan Ci	pparone, Esquire		321 275-5914	
-	Name o	f Person	Area Code Daytime Te	lephone Number
Enclosed	l 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration 5		Street Address: Registration Section	n
	Division of C P.O. Box 632		Division of Corpor The Centre of Tall	
	Tallahassee, I		2415 N. Monroe S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records. Liability Company)	1
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000017339}{L21000017339}$	were filed on January 5, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1477 Foxtail Court	2022 TALL
Principal office address MUST BE A STREET ADDRESS)	Lake Mary, FL 32746	> i - ~
		10 to 1
Enter new mailing address, if applicable:	1477 Foxiail Court	E OF S
Mailing address MAY BE A POST OFFICE BOX)	Lake Mary, FL 32746	70180 JAIR 1. 31
B. If amending the registered agent and/or registered office :	address on our records, enter th	ne name of the new regis
gent and/or the new registered office address here:	<u></u>	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida 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, 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
MGR	Ryan McGlynn	1595 Shadowmoss Circle	□Add
		Lake Mary, FL 32746	■Remove
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Effective date, if other than th	July 26, 2022	(optional)	
f an effective date is listed, the date m	ust be specific and cannot be prior to date of fil block does not meet the applicable statute	ling or more than 90 days after filing.) Purs	
document's effective date on the l		my ming requirements, this date win	not be fisted as
	ive date, but not an effective time, at 12:0)1 a.m. on the earlier of: (b) The 90t	th day after the
rd is filed.			
rd is filed.	2022		
	2022		
rd is filed.	2022 Signature of a member or authorized representations of the second	sentative of a member	

Filing Fee: \$25.00