## <u>LZ1000 22627</u>

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## COVER LETTER

Division of Co			
SUBJECT: D	ARBOBPRZ, Name of Lim	L L C ited Liability Company	· .
The englosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	÷.
	Darlene	Przybyszews Name of Person	ski
mailme adde	DAR BOB	PRZ, LL C - 1 Fimi/Company	88 Poniciana Drive Ellenton, FL 34222
mus (ing addi	™ <u>→4225 &amp;</u>	reengarden K	d
	Eric	e, PA 16509	
	darprz E-mafi address: (to	City/State and Zip Code  (a) //ve. Com  o be used for future annual report noti	fication)
For faither information o	oncerning this matter, please ca	II:	
Darlene P.	rzybyszewski f Potson	at ( <u>814</u> ) <u>449</u> Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	S30.00 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 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

DAR BOBPRZ, L	LC		
(Name of the Limited Clability Compar (A Florida Limited L	iy a <u>s It now appears or</u> jability Company)	rant tecotapi)	<del></del>
The Articles of Organization for this Limited Liability Company of Florida document number <u>L21000022627</u>	were filed on Jan		and assigned
This amendment is submitted to amend the following:	•		-
A. If amending name, enter the new name of the limited liabil	ity company here:		
		<del> </del>	
The new name must be distinguishable and contain the words "Limited Linbilit	y Company," the desig	ration "LLC" or the abl	oraviation "ISP C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	·	<u> </u>	·
	· · · · ·		<del></del>
	-		÷.
Enter new mailing address, if applicable:		<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		·	
		.d	of the many manistance.
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	agress on our recor	os, enter the name	er the new recisiered
Name of New Registered Agent:		<u>-</u>	
New Registered Office Address:	Euter Florida s	treet address	<del></del>
	City	, Florida	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 an is 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 Title Address Type of Action Name 3639 Cortez Rd W. Suite 108 Rebecca Proctor MGR Derlene Przybyszewski AMBR 4225 Greengarden Rd Xada) Erle, PA 16509 ☐ Change \_ 🗆 Change Remove

☐ Change

Filing Fee: \$25.00