21000044617

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Amendment was Mailed in. Please do not file Customer wants a Refund

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A. BUTLER
JAN 1 8 2023



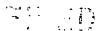
COVER LETTER

TO:

) A66	FR & HOMETHS	PETTION AGENCY	LLC		
SUBJECT: <u>J 1 10/0</u>	Name of Limi	ted Liability Company			
	Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations				
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspo	ndence concerning this matter t	to the following:			
		DAH GWINN			
		Name of Person			
		Firm/Company			
	850 56	SADSDEN ST UN	IT 814		
		Address			
	TALLAHAS	SEE FL 37301	Section Corporations of Tallahassee		
		City/State and Zip Code			
	ivo	lang@holmail.co	<u> </u>		
	E-mail address: (I	to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please co	alt:			
		at ()			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne following amount:				
区 \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
			ction		
-		-	-		
P.O. Box 632		The Centre of T	allahassee		
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	N AGENCY LLC 2023 JAN 18 PH 1: 24		
(Name at the Limited Chapity Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company) Liability Company)		
(Name of the Limited Liability Company) The Articles of Organization for this Limited Liability Company Florida document number \[\begin{array}{c} \left(\text{Name of the Limited Liability Company} \\ \text{LZ100014617} \end{array} \]	were filed on 1 25/2021 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab			
THE GWINN ORGANIZE	TION, LLC		
The new name must be distinguishable and contain the words "Limited Liabi			
Enter new principal offices address, if applicable:	7ALLAHASSEE FL 32301		
(Principal office address MUST BE A STREET ADDRESS)	TALLAHASSEE FL 32301		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	850 S GADSDEN ST UNIT 814 TALLAHASSEE FL. 32301		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>		
Name of New Registered Agent: NO (CHANGE		
New Registered Office Address:	Enter Florida street address		
	, Florida City Zip Code		
New Registered Agent's Signature, if changing Registered Agent	•		
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		
	'A		
If Ch:	inging 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
			□Add
			□Remove
			☐ Change
			□Add
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Effective date,	f other than the date is listed, the date must be spe	of filing:	The second second	(o	ptional) Mer Glina i Pursuant (o 605 020
If an effective date Note: If the dat	s listed, the date must be spe inserted in this block do	es not meet the app	dicable statutory fil	ing requirements.	this date will not b	e listed a
document's effe	tive date on the Departn	ient of State's recor	rds.			
	a delayed effective date,	, but not an effectiv	e time, at 12:01 a.n	n, on the earlier of	i (b) The 90th day	v after the
ord is filed.						
	100 TH	7 07	7			
Dated NAM	ARY 18 TH	. 202	<u></u> ∙			
		00				
	Signal	ture of a member or a	uthorized representat	ve of a member		

Filing Fee: \$25.00