<u>L21000055390</u>

(Re	equestor's Name)	
(Ad	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

Division of Corp			
40	11's Teacher Sever	ices //r	
SUBJECT:FI	Name of Limit	ed Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
		•	
	Bilton	Ha 11	
	1011011	Han II Name of Person	
		Firm/Company	
	49 Richlan	/ Ro/ Address	
	Crawforduille	FL 3232> City/State and Zip Code	
			•
	E-mail address: (o be used for future annual report note	fication)
For further information c	oncerning this matter, please co	ali:	
/2 //		5.00	N 0
Jallon	Hall Darson	at (<u>BSO</u>) <u>CBS^6</u> Area Code Daytin	318 ne Telephone Number
Name	i i cisoti	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 63. Tallahassee.		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 02/01/2021 and assigned Florida document number L2100055340 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new constered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ., Florida __

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. Thereby confirm that the limited liability company has been notified in writing of this change.

City

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	<u>Name</u>	<u>Address</u>	Type of Action
Manager	Michael Lance Green I	69 Powell Line Craw budville FL	3236 1
			🖸 Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
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			Remove
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Note: If the date	f other than the c s listed, the date must inserted in this blo tive date on the De	ck does not meet	the applicable sta	of filing or more than attuory filing requi	(optional) 190 days after filing.) rements, this date v	Pursuant to 605.0207 will not be listed as
	n delayed effective	date, but not an e	effective time, at	12:01 a.m. on the	earlier of: (b) The	90th day after the
e record specifies rd is tiled						
rd is filed			·			
rd is filed	-202)	Signature of a mem	<u></u>	unquentità (il se et e	with at	