## L21000066539

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Business Entry Name)                   |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE

Y. SCOTT JUN 2 1 2022

## **COVER LETTER**

| TO: Registration So<br>Division of Con |   |   |   |                        |
|--|---|---|---|------------------------|
| SD                                     | \$ /  |   |   |                        |
| SUBJECT:                               | S Coyatty Servi                                 | nited Liability Company   |   |                        |
|  | , and or give                                   | med Edwiniy Company   |   |                        |
| The enclosed Articles of               | Amendment and fee(s) are sub                    | omitted for filing.   |   |                        |
| Please return all correspo             | ondence concerning this matter                  | to the following:   |   |                        |
|  | Stephani  | e Dolts Name of Person  |   |                        |
|  | 0.0   |   |   |                        |
|  | SZS Coya  | - Hy Services UC<br>Firm/Company                                    | <u> </u>  | 26                     |
|  | 0 '   | 1 time company  | ECR<br>TAL  | 122 AP                 |
|  | 6776 Britto                                     | iny Chase ct  |   | <b>FIL</b> 2022 APR 29 |
|  |   | 3 Address   | ARY OF  | (                      |
|  | Orlando   | FL 32810  | EE S  | PH 3: 08               |
|  | ms Chadan                                       | City/State and Zip Code   | FE  | 80 :                   |
|  | E-mail address: (                               | (10 be used for future annual report noti                           | fication)   |                        |
| For further information of             | concerning this matter, please c                | all:  |   |                        |
| Stephanie                              | Dotts   | ar (407) <u>264.</u>  | 1683  | _                      |
| Name o                                 | of Person                                       | Area Code Daytim  | e Telephone Number  |                        |
| Enclosed is a check for the            | he following amount:                            |   |   |                        |
| \$25.00 Filing Fee                     | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60,00 Filing F<br>Certificate of S<br>Certified Copy<br>(additional copy is | Status &               |
| Mailing Addres                         | <del></del>                                     | Street Address:   |   |                        |
| Registration S<br>Division of C        |   | Registration Sec<br>Division of Cor                                 |   |                        |
| P.O. Box 632                           | 27  | The Centre of T   |   |                        |
| Tallahassee, I                         | FL 32314  | 2415 N. Monro   | e Street, Suite 810   |                        |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SRS 6  | yalty Su  | crice LL                      | <u>.</u>               |                             |
|--|---|-------------------------------|------------------------|-----------------------------|
| (Name of the Limited   | 1 Liability Company :<br>A Florida Limited Liab | as it now appears on o        | our records.)          | <u> </u>                    |
| The Articles of Organization for this Limited Lia  | bility Company we                               | ere filed on                  |                        | and assigned                |
| Florida document number  | <u> </u>  |                               |                        |                             |
| This amendment is submitted to amend the follow  | ving:   |                               |                        |                             |
| A. If amending name, enter the new name of t   | the limited liability                           | y company here:               |                        |                             |
| The new name must be distinguishable and contain the wor                                     |   | Company," the designa         | ation "LLC" or the abb | reviation "L.L.C."          |
| Enter new principal offices address, if applical   | _   | · -                           | <del></del>            |                             |
| (Principal office address MUST BE A STREET   | <u>ADDRESS)</u>                                 |                               | · · ·                  | 2                           |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B           | <br><u>OX)</u>                                  |                               | ECRETARY DF            | F   E                       |
| B. If amending the registered agent and/or regagent and/or the new registered office address |   | ress on our record            | ~~ <b>~</b>            | ယ္<br>of the new registered |
| Name of New Registered Agent:  | Stephani  | ( Dotts                       |                        |                             |
| New Registered Office Address:   | 6776  | Brillianu<br>Enter Florida st | chast eet address      | <u>ct</u>                   |
|  | <u>Orlar</u>                                    | City:                         | Florida <u>3</u>       | Z810<br>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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name            | Address                                  | Type of Action |
|--------------|-----------------|--|----------------|
| MGR          | Steve tanner TR | 6776 Brittany Chase of                   | _ 🗀 Add        |
|              |                 | 6776 Brittany Chased<br>Orlando FL 32839 | [/Remove       |
|              |                 |  | 🗆 Change       |
| <del></del>  |                 |  | □Add           |
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|              |                 | SECRETARY OF STATE TALLAHASSEE, FL       |                |
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| fective date, if   | other than the                      | date of filin                         | g:                               |                                     |                  | (op                           | tional)               |                                     |                               |
| Tective date, if an effective date is lote: If the date in | isted, the date munserted in this b | st be specific and<br>lock does not a | d cannot be pri<br>meet the appl | or to date of fil<br>icable statute | ing or more than | i 90 days aft<br>frements, tl | er filing<br>nis date | .) P <mark>urs</mark> ua<br>will no | ant to 605.02<br>of be listed |
| ocument's effective  | ve date on the D                    | epartment of S                        | State's record                   | ls.                                 |                  |                               |                       |                                     |                               |
|  | 11 1 00 .:                          |                                       | er .                             |                                     |                  | ,,                            |                       | 001                                 |                               |
| record specifies a is filed.                               | delayed effectiv                    | e date, but no                        | t an effective                   | time, at 12;0                       | a.m. on the      | earner of: (                  | (D) Er                | ie 90th                             | day after th                  |
| ^  | المام م                             |                                       |                                  | ~                                   |                  |                               |                       |                                     |                               |
| and ADri   | 1 25%                               |                                       | , 202                            | <del></del>                         |                  |                               |                       |                                     |                               |
| cu   | $\sim$                              | ATT.                                  | _ +                              | -) .tx                              | _                |                               |                       |                                     |                               |
| med  |                                     |                                       | ) \                              | $\sim$                              | -                |                               |                       |                                     |                               |
|  |                                     | Signature of a                        | member or au                     | thorized repres                     | entative of a mo | ember                         |                       |                                     |                               |