121000086587

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2022 SEP -2 AM 9: 20
SECRETARY OF STATE
TALLAMASSEF FI

TO: Registration So Division of Cor		,		
N5924F LL	.C		,	
SUBJECT:	Name of Lim	ned Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	lan Gober			
		Name of Person		
		Firm/Company		
	2904 Slippery Rock Drive			
		Address		
	Cocoa, FL 32926			
		City/State and Zip Code		
	igober@cfl.rr.com	to be used for future annual report noti	fication)	
For further information of	oncerning this matter, please ca			
lan Gober		321 432-5117 at ()		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 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 Addres		Street Address:		
Registration S		Registration Section Division of Corporations		
Division of Corporations P.O. Box 6327		The Centre of Tallahassee		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		City		Zip Code	
	Cocoa		, Florida ³²⁹	926	
New Registered Office Address:		Enter Florida st	rvet address		
Name Provintered Office Address:	2904 Slippery	Rock Drive			
Name of New Registered Agent:	Ian Gober				20
agent and/or the new registered office address	<u>s here</u> :			STA E, FI	8; 2
B. If amending the registered agent and/or re	egistered office	address on our record	is, <u>enter the nam</u>	e of the Hevy regi	ffered
				<i>₽,</i> -₹	<u>r•</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
		Cocoa, FL 32926		Z S C	SE SE
		2904 Slippery Rock D	Drive	SE SE	9 09
(Principal office address MUST BE A STREET	T ADDRESS)	Cocoa, FL 32926			
Enter new principal offices address, if applicable:					
The new name must be distinguishable and contain the wo		lity Company," the designa 2904 Slippery Rock E		oreviation E.E.C.	
A. If amending name, enter the new name of				iotoo "1 1 C "	
This amendment is submitted to amend the follows:		ility aomany havor			
Florida document number L21000086587					
	юшку Сошрану	were med on		and dosigned	
The Articles of Organization for this Limited Lia	Allin Cammuni	wara filed on 02/22/20	21	and assigned	
(Name of the Limite)	A Florida Limited	iny as it now appears on o Liability Company)	di recoran,		
/N' fall 1 2	d Liability Compa	ny as it now appears on a	or records)		

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR/AM	Ian Gober	2904 Slippery Rock Drive	■Add
		Cocoa FL, 32926	Remove
			□Change
AMBR	Alexander Howell	PO Box 1930	= Add
		Minneola FL, 34755	Remove
			Change
AMBR	Aaron Godwin	6406 Clara's Loop	= Add
		St. Cloud FL, 34771	Remove
			Change
AMBR	Dante Roccatani	920 E Crisafulli Rd	≣Add
		Merritt Island, FL 32953	Remove
			□Change
AMBR	Bryan Osborne	2605 Columbia Blvd, Apt 1412	
		Titusville, FL 32780	□Remove
			□Change
AMBR	Steven Graves	3715 W Malory	\ _ _ _ _
	•	Cocoa, FL 32926	■Remove
			Change

D. If amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective date Note: If the date	if other than the date of filing: (optional) is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(be inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ctive date on the Department of State's records.
If the record specifies record is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	-79-7022
	Signature of a member or authorized representative of a member
	Steven Graves
	Typed or printed name of signee

Filing Fee: \$25.00