LAYCOOKHGT

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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CORPORATION

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Stor Mor of Tifty LC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kally Hunter Name of Person
Stor Mor of Tifton LC Firm Company
1511 Sylvester Hwy
Mouttie GA 31768 City/State and Zip Code Kelly & hurteroutdoor connections. com
E-mail (Aldress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (209) 873 Ole Le 4 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate o

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

OH			
		2023 HAR 24	PH 12: 04
Stor Mar of Ti	Hon uc	REPRETURY	(;
(Name of the Limited Liability Compan- (A Florida Limited Lia	as it now appears on our records.)	rati Ahassi	.
· · · · · · · · · · · · · · · · · · ·			
The Articles of Organization for this Limited Liability Company w		-3 and a	ssigned
Florida document number <u>L2100087</u> 44	7		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:	Company," the designation "LLC" of	or the abbreviation "	L.L.C."
• • •			
(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 adagent and/or the new registered office address here:	dress on our records, <u>enter th</u>	<u>ne name of the n</u>	ew registered
agent and on the new registered office authers fiere:	•		
Name of New Registered Agent:		-	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_. Florida <u>__</u>

(i)

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

 $\dot{M}GR = \cdot Manager$

AMBR = Authorized Member

Title	Name	Address	Type of Action
ngrm	Kelly Huntler	1511 Sylvester Hung	□Add
		1511 Sylvester Hung Mouthic GA 31768	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<u> </u>			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Note:	tive date, if other than the date of filing:
reco d is f	and specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	3.24.23
	Kellytruster
	Signature of a member or authorized representative of a member
	Kelly Hurtler

Filing Fee: \$25.00