## 121000103136

(Requestor's Name) (Address)	70027162
(Address)  (City/State/Zip/Phone #)	70037162
PICK-UP WAIT MAIL  (Business Entity Name)	08/16/2101012-
(Document Number)  Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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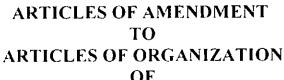
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## **COVER LETTER**

TO: Registration Section

Division of Corp				
SUBJECT: <u> </u>	leaning & Me Name of Limit	aintenance Source Source Chability Company	ies LLC	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspor	ndence concerning this matter t	o the following:		
	Cathean	Name of Person		
		Firm/Company		
	1331 5	Federal Hwy Address	Climit 216	
	Me	on Bosch Fl- T	33435	
		osenhne icloud, co		
For further information of	oncerning this matter, please co	all:		
(athu	1/we Josquh	at (Sb) 351	Buu9  Telephone Number	(E)
Name o	f Person	Area Onice Posymi		
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 radditional copy is enclosed)	S60.00 Filing Fee; Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration l Division of C	Section Forporations	Street Address: Registration Sc Division of Co	rporations	
P.O. Box 632 Tallahassee.		The Centre of ` 2415 N. Monro Tallahassee, FI	se Street, Suite 810	



**OF** 

(A riorida Limited)	manuny Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000 to 3136</u>	were filed on	03/01/2021	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	oility company he	ere:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the d	esignation "L1.C" or the al	obreviation "L.l	C."
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)				<del></del> .
		<u></u>	<u>.</u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our r	ecords, <u>enter the nan</u>	ne of the n <u>ew</u>	register :
Name of New Registered Agent:				<i>a</i> s
New Registered Office Address:	Fruer Flo	rida street address		
	13.11(7.7.11)		_	•
	City	, Florida <u>_</u>	2°	
	•	Florida	Sup Cone	•
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		<del></del>	;
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ree to act in this	capacity. I further as	gee to comp familiar wit	ly with t h and
provisions of all statutes retailive to the proper and complete accept the obligations of my position as registered agent as	provided for in (	Chapter 605, F.S. Or	, if this docu	ment 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 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
MGA	Catherine JosePh	1331 S Federal Huy	<b>X</b> Add
		•	
		Unit Olb Byron Bean Fl 33635	□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
	·		□Add
			<u>·</u> □Remove
			□Change
			> □Add
		24	□Remove
			□ Change
			□Add
			□Remove
			Change

		(;)
	•	
and the date of Clinar	, (optional)	
Effective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than  ote: If the date inserted in this block dues not meet the applicable statutory filing requir	90 days after filing.) Parsuant to 605.0 ements, this date will not be listed	)207 () Las tl
ote: If the date inserted in this block does not meet the appreciate statutory ring required occument's effective date on the Department of State's records.	: 24	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e I is filed.	arlier of: (b) The 90th day after	tne
ated 41 331 621		
Aignature of a member or authorized representative of a member of		
Fignature of a member or authorized representative of a me	ember	