## L21000103863

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		5/25/21 TM

Office Use Only



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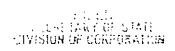
## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	ECT:
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Phillip Keck Name of Person
	palm city Insured.
	Firm/Company
	2740 SW Martin Dawns Blud . # 417
	Address
	Jalm City 7 L 34990
	Dalm City FL 34990  City/State and Zip Code  Dhil @ palm city in Sured, com.  Elmail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Phillip Keck at (480) 686-5011  Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
	5.00 Filing Fee \$\sum \$\\$30.00 Filing Fee & \$\sum \$\\$55.00 Filing Fee & \$\sum \$\\$60.00 Filing Fee,
_ **	Certificate of Status  Certified Copy  (additional copy is enclosed)  Certificate of Status &  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)

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



21 APR -5 PH 12: 34

Da lu	city	Insured.	CININ S TINE OF
(Name of the Limited L (A F	iability Company as i lorida Limited Liabilit	t new appears on our record y Company)	<u>(s.)</u>
The Articles of Organization for this Limited Liabil Florida document number <u>L21000103863</u>		filed on 03/03/	2021 and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability c	ompany here:	
The new name must be distinguishable and contain the words	"Limited Liability Co	mpany," the designation "LLC	" or the abbreviation "L.IC."
Enter new principal offices address, if applicable	<u> </u>		<del>.</del>
(Principal office address MUST BE A STREET A	mend the following:  new name of the limited liability company here:  and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  ress, if applicable:  BE A STREET ADDRESS)  pplicable:  OST OFFICE BOX)  gent and/or registered office address on our records, enter the name of the new registered office address here:  d Agent:  Address:  Enter Florida street address		
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ss on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addres	'N
_	<del></del>		orida
	ress MAY BE A POST OFFICE BOX)  ing the registered agent and/or registered office address on our records, enter the name of the new registered the new registered office address here:  The of New Registered Agent:  We Registered Office Address:		

## 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 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

PART TO TRAIT TO THE WORLD T

\_\_\_\_\_ □ Change

AMBR = Authorized Member 21 APR -5 PH 12: 34 Type of Action Phillip Kack 2740 SW Mortin Druns Blvd #417
palmaityfe 341 hadd Title **Name** □Remove Change \_\_\_\_\_ Remove \_\_\_\_\_ 🗀 Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_ \_\_\_\_ □Add \_\_\_\_\_ Remove \_\_ \_ \_ \_ \_ Remove

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ffective date, if other the an effective date is listed, the sote: If the date inserted in ocument's effective date of	date must be specific an n this block does not	d cannot be prior to o meet the applicabl	date of filing or more th	an 90 days after film	g.) Pursuant to	605.0207 ( listed as t
record specifies a delayed I is filed.	effective date, but no	t an effective time	e, at 12:01 a.m. on th	e carlier of: (b) T	he 90th day	after the
ated March	30	2021	ed representative of a			
	. \ \ \ \ \ :	Li.	0			
	Signature of a	member or author	ed representative of a	member		-

Filing Fee: \$25.00