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SECRETARY OF STATE
TALLAMASSEE, FL

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G3/11/2022

### **COVER LETTER**

Division of Co			
SUBJECT: 5216	Mackeray Drive	elle .	
<b>▼</b>	Name of Lim	ited Liability Company	<del></del>
Ph	Amandaran and Sa/a an art	aring decoration	
ne enclosed Articles of	Amendment and fee(s) are sub	imitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mary T. r	Nc Cro (f Name of Person	<del></del>
	5216 the	Firm/gmpany	<u>C</u>
	2501 the	Oaks Blvd Address	
		City/State and Zip Code	746
	$M \cdot M \times M$	to be used for future annual report noti	Dication)
or further information o	oncerning this matter, please ca	all:	
Mary T. MC	GAF f Person	at (910) 574 - Area Code Daytim	8692 e Telephone Number
Enclosed is a check for t	ne following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee &	S\$\$ 00 Filing Foo &	SKO OO Elling Coo
23 \$23.00 Fining 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 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**

FILED

2000 ...

	vella	2022 MAR -4 AM 11: 52
( <u>Name of the Limited Liability Com</u> (A Florida Limite	Ne LLC  npany as it now appears on our records.) ed Liability Company)	SECRE LESTATE
		IALLAMASSEE, FL
The Articles of Organization for this Limited Liability Compar	ny were filed on $March 9$ ,	$\frac{\partial O \mathcal{J}}{\partial I}$ and assigned
Florida document number <u>L21000112203</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	NA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4/14	
	101	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt;</u>	
hereby accept the appointment as registered agent and as	gree to act in this capacity. I furth	er goree to comply with th

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

AMBR = Authorized Member <u>Title</u> Name **Address** Type of Action Mary T. McGAH MOR 2501 The Oaks Blud DAdd KUSSIMMER FL 34744 PREMOVE \_\_\_\_ Change Antonio J. McGott 2501 the Oaks Blod DAdd DMGR KISSMMER FL 34744 TREMOVE ☐ Change\_ □Add □Remove □ Change □Add □Add ☐ Remove □ Change MGR 1764 FOXHall Circle UC 2501 460 Oaks Blud Ussimple FL 34746 Remove

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:
If the record record is fil	I 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 ed.
Dated <sub>-</sub>	28 February 2022.  Nignature of a member or authorized representative of a member
	Mary T. W. 6 n. H. Typed or printed name of signee