K21000114756

(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	_
(Document Number)	_
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A. BUTLER DEC - 6 2022

COVER LETTER

TO; **Registration Section Division of Corporations** SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Name of Person at (352) 3F9-0607 Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

-₩0\$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 tadditional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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	2022 550
Conkler Hobling	RGANIZATION ET D F 2022 SEP -6 PH 3: 39
(<u>Name of the Limited Liability Comfar</u> (A Florida Limited L	
The Articles of Organization for this Limited Liability Company v	were filed on $3/16/2021$ and assigned
Florida document number <u>L21000114756</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
Conker Holdings 1	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	X
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registere</u>
agent and or the new registered office address nere.	
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
	Emer Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	\mathbf{X}

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 AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record 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 record is filed.

Dated	Sept 2
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00