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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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# COVER LETTER

| Division of Corp            | orations .                                 |  |   |
|-----------------------------|--|--|---|
| SUBJECT: KATH               | LEFN ANNE D<br>Name of Limite              | ANDIS, LLC<br>ed Liability Company                               |   |
| The enclosed Articles of A  | Amendment and fee(s) are subm              | titted for filing.   |   |
| Please return all correspon | dence concerning this matter to            | the following:   |   |
|                             |  | ANNE LANDIS Name of Person                                       |   |
|                             | KATHLEEN /                                 | Firm/Company   | <u>(.C</u>  |
|                             | 7651 CARY                                  | ∫7. Address  |   |
|                             | THE VILLAGE                                | S FL 34762 -<br>City/State and Zip Code                          | 6805  |
|                             |  | be used for future annual report notific                         |   |
| For further information co  | ncerning this matter, please cal           | 1:   |   |
| KATHLEEN<br>Name of         | Person                                     | at (352) 6/1-03<br>Area Code Daytime T                           | Felephone Number  |
| Enclosed is a check for the | e following amount:                        |  |   |
| □ \$25,00 Filing Fee        | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

**Registration Section** 

TO:

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

| KATHLEEN A  |  |
|---|--|
| (A Florida  | ity Company as it now appears on our records.) a Limited Liability Company)  FALL AHASSEE, FLORIDA   |
| he Articles of Organization for this Limited Liability C  | Company were filed on $APRILI, 2021$ and assigned  |
| lorida document number <u>L 2100015122</u>  | <u>- /</u> .   |
| his amendment is submitted to amend the following:  |  |
| a. If amending name, enter the new name of the lim  | ited liability company here:   |
| he new name must be distinguishable and contain the words "Lirr   | nited Liability Company," the designation "L1,C" or the abbreviation "L1,C."   |
| inter new principal offices address, if applicable:   |  |
| <u>Principal office address MUST BE A STREET ADDI</u>   | RESS)  |
|   |  |
|   |  |
| nter new mailing address, if applicable:  |  |
| Mailing address MAY BE A POST OFFICE BOX)   |  |
|   |  |
| . If amounting the annice and annual | d office address as a second of the second o |
| ent and/or the new registered agent and/or registered gent and/or the new registered office address here:   | d office address on our records, enter the name of the new regist  |
|   |  |
| Name of New Registered Agent:   |  |
|   |  |
| New Registered Office Address:  |  |
| New Registered Office Address:  | Enter Florida street address   |
| New Registered Office Address:  | Enter Florida street address  Florida  City  Zip Code  |

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 Changing Registered Agent, Signature of New Registered Agent

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 |
|--------------|-----------------|---|----------------|
| AMBR         | SCOTT G. LANDIS | 7651 CARY ST., THE VILLAGE<br>FL 34762-6805 | ET DANG        |
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| ffective date, if other to an effective date is listed, the lote: If the date inserted ocument's effective date | e date must be specific a<br>in this block does no | and cannot be prior to<br>t meet the applica |                            |                     | g.) Pursuant to $\epsilon$ |             |
| record specifies a delayed<br>is filed.   | d effective date, but n                            | not an effective tir                         | ne, at 12:01 a.m. on th    | e earlier of: (b) T | he 90th day a              | fter the    |
| Pated FERRUAN   | ey 3RD   | , <u>2025</u>                                |                            |                     |                            |             |
| Hathle  | a Anne   | , 2025<br>Landia                             | Trized representative of a |                     |                            |             |
| •   | Signature of                                       | a member or aumo                             | fized representative of a  | member              |                            |             |