## 121000156385

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone #	)
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## **COVER LETTER**

TO: Registration So Division of Cop			
SUBJECT: SU	gared swan	116	
Sobrice T	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kyrst	Name of Person	
		Firm/Company	
	4195 Albri	ton Rd Address	
	<u> Mulberny</u>	FI 33840 City/State and Zip Code  b e yahbo.com to be used for future annual report noti	fication)
	Kyctin. E-mail address: (	b e yahbo .com	fication)
For further information c	concerning this matter, please ca		·
Kyrstin Name o	Bly of Person	at ( <u>\$4.3</u> ) 337 -	-1743 e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$\times \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration ! Division of C	Section	<u>Street Address:</u> Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

imited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan Florida document number <u>LA1000156385</u> .	y were filed on 12 10 2 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	•
Enter new principal offices address, if applicable:	4195 Albritton Rd
(Principal office address MUST BE A STREET ADDRESS)	Mulberry P1 33860
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Mulberry Pl 33840
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: KYY	stin Bly
New Registered Office Address: 4195	Albritton Rd Enter Florida street address
mu	berny Florida 338400
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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	valerie stover	40a E poinsetta st	□Add
		Lakeland Fl 33803	XRemove
			□Change
AMBR	Kyrstin Bly	4195 Albritton Rd	[XAdd
	,	Mulberry F1 33960	□Remove
			□Change
			□Add
			☐Remove ☐Remove ☐☐ ☐☐Change
			#7 
			<u>v</u> ⊒Remove
			□Change □Add
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<u>e:</u> 1f	the date inserted in this bloc is effective date on the Dep	ek does not i	meet the appli-	cable statuto	ry filing requir	ements, this	date will not	the listed
cord s filed	pecifies a delayed effective	date, but noi	t an effective (	time, at 12:01	La.m. on the e	arlier of: (b)	The 90th o	ay after th
ed <u>D</u>	eumber 10		2020	<u>\</u> .				
	COUNTY.	1//						
	VVVVXV				entative of a mer			

Filing Fee: \$25.00