## L21000156887

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

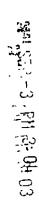


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## **COVER LETTER**

TO:

TO: Registration So Division of Cor			
SUBJECT:	therine Henry Le	and Pulc	
SUBJECT:	Name of Lin	nited 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:	
	Cather	Name of Person Peine Henry Law, P Firm Company	
		Name of Person	
	Cathe	eine Henry Law, P	LLC
		Firm/Company	
	17 Dr. 1	MLK JR St. S. #	200
		Address	
	Si Petra	City/State and Zip Code	
		City/State and Zip Code	<del> </del>
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	E-mail address: (	uny esac gmail. Go to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Cn.	Ha. a	727 272	- 701A
<u>(atherine</u>	Person J	at ( <u>727</u> ) <u>273</u> Area Code Daytim	e Telephone Number
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Enclosed is a check for the		IN ces on the con-	El écologital de
☐ \$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 (additional copy is enclosed)
<u>Mailing Addres</u> Registration !	_	<u>Street Address:</u> Registration Se	ction
Registration Section Division of Corporations		Division of Cor	
P.O. Box 632	•	The Centre of T	· ·
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tailahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	aw, LLC any as it now appears on our	records.)
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on April	5, 2021 and assigned
Florida document number <u>L21000   56887</u> .	<del></del>	
this amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	_
Carrier Honey Low, The new name must be distinguishable and contain the words "Limited Liabi	PLIC	***
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		· ==
The partition of the analysis west be a state of the analysis		-34
Star say malling address if applicables		
Enter new mailing address, if applicable:		 
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered office a	address on our records.	enter the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street	address
		Florida
<del></del>	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agr	ve to act in this conveits	v. I further garee to comply with
rovisions of all statutes relative to the proper and complete		

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>	<u>Name</u>	Address	Type of Action
			Remove
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			デュー・ 位 Change
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ctive date, if other tha	an the date of filing	g:			(option:	al)	
effective date is listed, the d	late must be specific and this block does not n	cannot be prior to neet the applica	o date of filing ble statutory	g or more than 90 da filing requireme	ays after tili nts, this da	ng.) Pursuant ite will not	to 605.0 be listed
iment's effective date or	n the Department of S	State's records.					
ord specifies a delayed c	effective date: but not	an effective fir	ne at 12:01	a.m. on the earlie	r of: (b)	The 90th da	ıv after
filed.							•
<i>C</i>	20	2.21					
d September		. 2021	<u> </u>				
	Carh	كتكسيد	Skn	~/	, 		
	Signature of a i	member or autho	riz <b>a</b> d represen	tative of a member			
	•			$\mathcal{O}$			

Filing Fee: \$25.00