L21000158780

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(Address)	
(Address)	
(13.135)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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N/C Amend

2022 OCT 18 AH 8: 36 2022 OCT

A. RAMSEY

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CTONE AGAIN RANEL & TOURS Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
AUBREY MOUTRY Name of Person
Firm/Company
9302 N.W. BOTH COLET
MIAMI, FL 33147 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 353-0345 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$30.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$55.00 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 2022 OCT 18 AM 8: 36

Toursquie the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 4-6-202 and assigned Florida document number 421000158780 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 9302 N.W. 3074 COURT (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

Enter Florida street address

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 = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			5-61

ctive date, if other than the C	ate of filing: De specific and cannot be prior to date of the dear not moved the applicable of	of filing or more than 90 days at	tional) ler filing.) Pursuant to 605
e: If the date inserted in this blooment's effective date on the Dep	ek does not meet me appreadic so	nutory filing requirements, t	his date will not be list
men sencence date on the roy			
cord specifies a delayed effective	date, but not an effective time, at	12:01 a.m. on the carlier of:	(b) The 90th day after
filed.		///	
ed 10-18	2022.		
		// (
	ignature of a member or authorized p	resentative of a member	
	Signature of a member or authorized p	resentative of a member	

Filing Fee: \$25.00