L21 000 190982

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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2022 SEP 21 PH 2: 18
SECRETARY OF STATE
TALLAHASSEE EI

COVER LETTER

TO: Registration Section Division of Corporat						
SUBJECT:	Name of Limit	tos the Co	use IC			
The enclosed Articles of Amer	ndment and fee(s) are subn	nitted for filing.				
Please return all corresponden	ce concerning this matter to	o the following:				
_	Amber	Name of Person	. <u></u>			
_	Cleansing	Firm/Company	owsellc			
_	1601	Andress Address	255			
, -	Herroco	City/State and Zip Code	442			
 -	E-mail address: (to	be used for future annual report notif	ication)			
For further information concer	ming this matter, please ca	II:				
Name of Pers	on	at (353) Ca5) Area Code Daytime	Telephone Number			
Enclosed is a check for the fol	lowing amount:					
S25.00 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 Address:</u> Registration Secti	on	Street Address: Registration Sec	etion			
Division of Corpo		Division of Cor	porations			
P.O. Box 6327		The Centre of Tallahassee				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lir	Afted 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 4123 2021	and assigned
Florida document number \	L. 82. D. O. C.	
This amendment is submitt L21 0001	-90 982	
A. If amending name, ent	liability company here:	
The new name must be distingui:	iability Company," the designation "LLC" or the a	obreviation "L,L,C."
Enter new principal office		
(Principal office address MUST BE A STRI	EET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)	
B. If amending the registered agent and/o agent and/or the new registered office add	r registered office address on our records, enter the nan ress here:	SEP 2
Name of New Registered Agent:		57 - 17
New Registered Office Address:		SEG P
	Enter Florida street address Florida	: 18 TATE
	City , Florida	Zip Code

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 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
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		HOTIE Amber Jack DR Hernomado FL. 3444	Remove
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an effective		e date must be	specific and c	annot be pri	or to date of h	ling or more		fter filing.) Pursuant to t	
	e date inserted effective date					ory filing re	quirements, t	this date will not be l	isted a
		-							
record spe l is filed.	ecifies a delaye	d effective da	ite, but not a	n effective	time, at 12:	Ol a.m. on t	he earlier of:	(b) The 90th day a	fter the
ated Sc	pt. 15		,	2022	<u> </u>				
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Typed or printed name of signee