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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	Jacke T	Bennett Red	ilty LhC
	mendment and fee(s) are submi		
Please return all correspon	dence concerning this matter to	the following:	
	bokue	Bennett Name of Person	
	Jackie	Bennett Re	ralty ILC
	3072	n Fulmer Address	Cirde
	Tallah	ramee Has	32303
	E-mail address: (to	City/State and Zip Code Code	mail.com
For further information co	oncerning this matter, please ca		
Jacke o	Bennett	at (<u>89</u>) <u>217</u> Area Code Daytime	3235 e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 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

2022 OCT 10 PH 2:

SECRETARY OF SH

The Articles of Organization for this Limited Liability Company were filed on 4-26-21 Florida document number <u>L 2/000 192 1107</u> 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 "L.L.C." Enter new principal offices address, if applicable: (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: Enter Florida street address _, Florida J

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.

City

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

:

Title	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			☐Change
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D. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)

(If an effective of Note: If the	te, if other than the date of filing:
If the record spec record is filed.	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	10/10 2022 Signifure of a member or authorized representative of a member Jackie 1- Bennett
_	Jackie 1- Bennett

Filing Fee: \$25.00