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(Req	uestor's Name)	
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WE OS JUST

COVER LETTER

TO: Registration So Division of Co				
SUBJECT:	DIR	2366		
		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:		
	Denn	Name of Person		
		Firm/Company		
	1393 6	preat Oaks Drive		
	P; 4260	City/State and Zip Code		20 0
	E-mail address: (City/State and Zip Code OUNTY AROUM SIVICOR to be used for future annual report notific	ation)	2021 JUL 28 PM 4: 49 "FALL VIEW SCEED 4-
For further information c	concerning this matter, please ea			18 18 18 18 18 18 18 18 18 18 18 18 18 1
	orn May hin	at (<u>412</u>) <u>913 – 7</u> Area Code Daytime T	Telephone Number	64 th 10
Enclosed is a check for t	he following amount:			
XS25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Ci \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
<u>Mailing Addre</u> Registration bivision of C	Section	<u>Street Address:</u> Registration Secti Division of Corpo		
P.O. Box 632		The Centre of Tal		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	······································	
The Articles of Organization for this Limited Liability Company Florida document number	were filed onMay 5, 20	2 and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "I	L.C."
Enter new principal offices address, if applicable:	3465 Benita Beach 120		
(Principal office address MUST BE A STREET ADDRESS)	North Springs, FL	3413	<u></u>
Enter new mailing address, if applicable:	1393 Great Oaks		
(Mailing address MAY BE A POST OFFICE BOX)	Pittsburgh, PA 1	5220	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the na	of them JUL 28	w registered
Name of New Registered Agent:	·		, ; ;
New Registered Office Address:	Enter Florida street address , Florida		
	City	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
MGR	Jackie M. Dillie II	9279 SunCarles Blud	□Add
		Fort Myprs, FL 33967	XRemove
			□Change
MGR	Renald J Longo	5934 Ditshwood Drive	□Add
		Bethel Park, PA 15102	XRemove
			□ Change
			🗆 Add
			Remove CO Change 379
		2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	7871 Change 7
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Note: If the	te, if other than t date is listed, the date r date inserted in this effective date on the	block does not m	ieet the applicabl	21, 202 date of filing or mo le statutory filing	(option than 90 days after requirements, this	onal) filing.) Pursuant to s date will not be	o 605.0207 (3 e list e d as th
ne record spec ord is filed.	ifies a delayed effec	tive date, but not	an effective time	e, at 12:01 a.m. o	n the carlier of: (b) The 90th day	after the
	July	21,	2021	#			
Dated	July	1200 L	Mark	,	· · · · · · · · · · · · · · · · · · ·		