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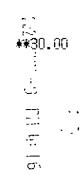
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(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Tony Sai	inger LLC
Name	e of Lunted Liability Company
The enclosed Articles of Amendment and fee(s)	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
	ony Salinger Name of Person
	Firm/Company
2686	5 Sugar Pine Run Address
(	City/State and Zip Code
E-mail ac	City/State and Zip Code  1) © Selling Cfl- com  Iddress: (to be used for future annual report notification)
For further information concerning this matter, p	
Tony Salinger Name of Person	at ( <u>407</u> ) <u>304 – 9867</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee Certificate of Sta	
 <u>Mailing Address:</u> Registration Section	Street Address:  Degistration Section
Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee  2415 N. Monroe Street, Suite 810  Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B. If amending the registered agent and/or 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	Enter Florida stre City	- F
agent and/or the new registered office address here:  Name of New Registered Agent:	Enter Florida stre	et address
agent and/or the new registered office address here:  Name of New Registered Agent:		- F
agent and/or the new registered office address here:  Name of New Registered Agent:		- F
agent and/or the new registered office address here:	d office address on our records	1
agent and/or the new registered office address here:	d office address on our records	1
	d office address on our records	1
B. If amending the registered agent and/or registered	d office address on our records	, enter the name of the new registere
		<u>~</u>
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
,		
(Principal office address MUST BE A STREET ADDR	RESS)	<del></del> _
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Lim	nited Clability Company." the designati	on "LLC" or the abbreviation "L.L.C."
Antonio Sala The new name must be distinguishable and contain the words "Lim	inger, LLC	
A. If amending name, enter the new name of the lim	ited liability company here:	
This amendment is submitted to amend the following:		
Florida document number <u>L 210002176</u>	<u>5</u> 9	
	Company were filed on	10/2021 and assigned
The Articles of Organization for this Limited Liability C		
The Articles of Organization for this Limited Liability C	ty Company as it now appears on ou a Limited Liability Company)	

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

Title	Name	<u>Address</u>	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
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effective date is listed, the d Fig. If the date inserted in	tate must be specific ar this block does not	nd cannot be prior to- meet the applicable	date of filing or more le statutory filing r	than 90 days after fi equirements, this c	ling.) Pursuant to 605,02 late will not be fisted
ment's effective date or	the Department of	State's records.	, 3	,	
ord specifies a delayed e	effective date, but no	ot an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
riled.					
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d June		1	, •		
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	Sieffatule	m mbe or authorize	ed representative of	a member	