## KZ1000227869

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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	DURNEY HOVE Name of Lin	E TEAM, U.C.		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Nicole A	Prince		
	Journey	Name of Person  Firm/Company	_C.	
	8912 V	ICKING TEMPLE		
	Onedo	PL 32765		
	E-mail address:	City/State and Zip Code  O 1973 @ 9moul. Code  to be used for future abdual report notified.	(YN) lication)	
For further information e	oncerning this matter, please ca	all:	202	Ø
NICOR Pr	10CL f Person	at ( <u>H01</u> ) <u>112</u> Area Code Daytime	5088 ETelephone Number 2	1
Enclosed is a check for the	ne following amount:		A =:	j
☐ \$25.00 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)	

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 ARTICLES OF ORGANIZATION **OF**

11

Journey Hor	16 / 16 Hart, Land		-
(A Florida Li	Company as it now appears on our records.) mited Liability Company)		
The Articles of Organization for this Limited Liability Con-	npany were filed on Nay 17, 2021	and a	assigned
lorida document number L2100027869			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
he new name must be distinguishable and contain the words "Limited	I Liability Company." the designation "LLC" or the	abbreviation	L.L.C."
Enter new principal offices address, if applicable:			
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rtincipai office adaress MUST BE A STREET ADDRES	<u> </u>		
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Enter new mailing address, if applicable:		7	<u>e'a</u>
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		2021	
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered o			
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Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered ogent and/or the new registered office address here:		me of the r	
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of gent and/or the new registered office address here:  Name of New Registered Agent:		me of the r	
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered ogent and/or the new registered office address here:		me of the r	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered or agent and/or the new registered office address here:  Name of New Registered Agent:	ffice address on our records, enter the na	me of the r	

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Nicole Prince	8972 Vickney Tenace	<b>X</b> Add
		8972 Vicknow Tenace Oneclo Pl 32765	□Remove
			Change
			□Add
			🗀 Remove
			□Change
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Document's	t be specific and cannot be prior ock does not meet the applic	to date of filing or more that the statutory filing required	(optiona an 90 days after filin uirements, this dat	g.) Pursuant to 603	5.0207 ted as
record specifies a delayed effective d is filed.	e date, but not an effective ti	rne, at 12:01 a.m. on th	e earlier of: (b) T	The 90th day afte	er the
Dated <u>May</u> 21	Signature of a member of a wife	bized representative of a	nember		
<u> </u>	Signature of a member of acuts	bized representative of a	nember	<del></del>	