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COVER LETTER

Division of Corp			
SUBJECT:	Our Rett Name of Limit	EMERICANIS ted Liability Company	505, AC
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	/ (arom	Name of Person	
	Burkett	Firm/Company	5, 72C
	8830	So Jamiami Address	Trail, Suite 150
	Larasota,	City/State and Zip Code FRETTO Mail to be used for future annual report notif	38 2022
	Aaron Du E-mail address: (1	r Retta J Mai	COMPAN-6
Haron	oncerning this matter, please ca	: ar <u>941</u> <u>544</u>	3595
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	
Mailing Address Registration	Section	Street Address: Registration Sec Division of Cor	
Division of C P.O. Box 632 Tallahassee,	27	The Centre of T	-
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Hunkett	- Cotor	ries	11/
(Name of the Limited	Liability Company as it now appears of Florida Limited Liability Company)	on our records.)	<u>aa</u> C
The Articles of Organization for this Limited Liab	/) une 08,20	and assigned
This amendment is submitted to amend the follow	ing:	<u></u> i	2022 Sec
A. If amending name, enter the new name of the	ne limited liability company here		RETAN -
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the desi	gnation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)		02	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office address because of New Registered Agent: New Registered Office Address:	here: Lindal.Bu 8830 So.	WKett Tamiami	e of the new registered
	Enter Florida 50V 05010 City	ı street address, Florida	Swite 150 342 38 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 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 MGR Zinda J.Burkett 1572 Cattlemon Rd. Garage Add Type of Action 1572 Cattlemen Rd Barasola DAdd AMBR Brett M. Burkett MGR Haron Burkett 8830 S. Tamiami Troil BAdd Rutie 150 Larasota, Fd 31238 _____ 🗆 Remove _____ □Change □Add ___ Change □Remove

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