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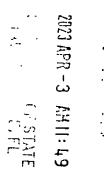
(Requestor's Name)
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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
SUBJEC	t: <u>Lar</u>	imar Pri Name o	n+S, LLC fLimited Liability Company	
The encl	osed Articles of	Amendment and fee(s) ar	e submitted for filing.	
Please re	turn all correspo	ndence concerning this m	atter to the following:	
			Sanlana Bor	
		Lari	mar Prints, LLC Firm/Company	
		2452	Ravenall Ave	2021 AFR
		Orl	ando, FL 3281	<u>၊</u> . မ
			ess: (to be used for future annual report not	المتحقة
For furth	er information ed	oncerning this matter, ple	ase call:	· H 6
_Ge	Inesis So Name of	antona Borge	S at (<u>813</u>) <u>279</u> Area Code Daytin	- 9779 ne Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Stati	~	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Con The Centre of T	rporations

2415 N. Monroe Street. Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	inv as it now appears on our records.) Clability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>と21000268331</u>	were filed on <u>03-28-</u>	2023 and assigned
i fortua document framoci 221000 200 0 300 .		
This amendment is submitted to amend the following:		~ 3
A. If amending name, enter the new name of the limited liab	ility company here:	233 AP
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		5 II (2)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2452 Ravenal Orlando, FL 3	11 Ave 2811
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records. <u>enter the</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florio	
	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 **Type of Action** Title Name Address □Remove 2023 □Remove _ □Change Remove □Add _____ □Remove ☐ Change _____ □Add _____ □Remove _____ □Change _____ □Add _____ □Remove _____ □Change

						
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te: If the date inserted in cument's effective date of				tuing requirement	s, this date will	not be liste
ecord specifies a delayed s filed.	l effective date, but	not an effective	time, at 12:01 a	.m. on the earlier	of: (b) The 901	h day after
	a 2 7	<u>41.15</u>	<u>Pm</u> .			
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Filing Fee: \$25.00