## 121000274434

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(Re	questor's Name)	
(Ad	dress)	
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(Cir	y/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	siness Entity Nan	ne)
(Da	cument Number)	<u> </u>
(20	coment Number)	
Certified Copies	Certificates	of Status
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Special Instructions to I	Filing Officer:	
		, , }
1		10/20/21

Office Use Only



10/12/21--01042--024 \*\*25.00

## COVER LETTER

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

ALCE FORKIN at (154) 707 - 3047 Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

State State

☐ \$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)

<u>Mailing Address:</u> 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 A TO ARTICLES OF OF OF	) RGANIZA		
		1. <sub>1</sub> 2	. <b>1</b>
(Name of the Limited Liability Company (A Florida Limited Liability Company)	Mand silt now appear ability Company)	LC 21001 12 P	<u>₩12: 04</u>
The Articles of Organization for this Limited Liability Company w Florida document number $L2000274434$ .	vere filed on	6/4/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the c	lesignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		,,,,,,	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	X 7860 W Com Enter Florida s	Mercial Blud. #763
	Lauger Mill	, Florida 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.

Tif 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

MGR = Ma AMBR = Au	nnager ithorized Member	2 - 1 9 - 1 - 1	
<u>Title</u>	Name	Address 1 0CT 12 PM 12: 04	Type of Action
MGR	Natale Franklin	7860 N Commercial	🗆 Add
		#763	🗆 Remove
		Laudernill, FT. 33351	Change
			🗆 Add
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	r change(s) here: (Attach additional sheets, if necessar	
n	21 OCT 12 PH 12: 04	
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: If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

OCTOBER Dated ¥ Signature of a member or authorized representative of a member 1-1 (11) K I vped or printed name of signce