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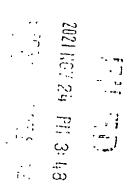
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A. BUTLER
DEC - 2 2021

COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: Pritchett Family	Enterprises L.L.C.
$\gamma_{_{ m N}}$	ame of Limited Liability Company
The enclosed Articles of Amendment and fee	(s) are submitted for filing.
Please return all correspondence concerning to	his matter to the following:
<u> Gregor</u>	Sy C. Pritchett Sr. Name of Person
Pritchet	+ Family Enterprises, L.L.C.
122 Eas	Hain Street, #351
Lakelino	FL 33801 City/State and Zin Code
into De prima	City/State and Zip Code City/State and Zip Code
For further information concerning this matte	•
Gregory Pritchett, Sr.	at (869) 221-073 b Area Code Daytime Telephone Number
Enclosed is a check for the following amount	
□ \$25.00 Filing Fee S30.00 Filing Certificate o	f Status Certified Copy Certificate of Status &
\$43.75 was previous	(additional copy is enclosed) Certified Copy (additional copy is enclosed) George Cadditional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pritchett Family Enterpri		CY 24 FN 3: 49
(A Florida Limited Liability Co (A Florida Limi	mpany as it now appears on ited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp. Florida document number 121000378573 .	cany were filed on $4/$	5/2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited L	Liability Company,"the design	ation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida si	reet address
		Florida
	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 tiled 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	<u>Name</u>	Address	Type of Action
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		Channe	

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<u>Note:</u> If	date, if other than the date of filing:
record is filed	
Dated _	Hugary E. Patchett Sr. Signature of a member or authorized representative of a member Frequest E. Patchett Sr. Typed or printed name of signee
i	Gregory & Pritchett Sr. Typed or printed name of signer

Filing Fee: \$25.00



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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 2, 2021

GREGORY PRITCHETT 122 EAST MAIN STREET SUITE 351 LAKELAND, FL 33801 US

SUBJECT: PRITCHETT FAMILY ENTERPRISES L.L.C.

Ref. Number: L21000278573

We have received your document for PRITCHETT FAMILY ENTERPRISES L.L.C. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 421A00026612

www.sunbiz.org

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