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COVER LETTER

Division of Cor				
SUBJECT:	ue Sounc	ls_LLC		
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		hus J Alaraus	JR.	
	True	DOUNCIS, LLC Firm/Company		
		JEMPINE St.		<u> </u>
	Plant Cit	$\frac{\frac{1}{2} \frac{1}{2} $	<u>.3</u> .	2 SEB 20 PM 12: 57
	HT MC17CU E-mail address: (15 91 @ y c; h00 , C; tto be used for tupice annual report notifi	cation)	(2) (2) (3) (3)
For further information c	oncerning this matter, please c		ŗ.	P# 12: 517
Adolphus Name o	J. Alarcus	.Tr. at (813) 846 - Area Code Daytime	6247 Telephone Number	•
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filmg Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed	
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	ion	
Division of C	commonweal common	District on the control		

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Registration Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number	
The Articles of Organization for this Limited Liability Company were filed on $\underline{}$. Florida document number $\underline{L21000296206}$	S20+ 14 2022 and assigned
	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company ho	ere:
The new name must be distinguishable and contain the words "Limited Liability Company," the d	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	22 -
	SE 31
	20 Eg.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	57
B. If amending the registered agent and/or registered office address on our ragent and/or the new registered office address here:	ecords, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address: Enter Flor	rida street address
	, Florida Zup Code
City	Zip Code

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	<u>Name</u>	Address	Type of Action
AMBR	Adolphus J. Mara	cus, Tr., 1006 S. Empire St.	EAdd
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			22 John 25
			22 McP 20 PH 12057
			□Add
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ective date, if other than the date of filing:	(optional)	
reffective date is listed, the date must be specific and cannot be prior te: If the date inserted in this block does not meet the application of the date on the Department of State's records.	able statutory filing requirements, this date will not b	to 605,020 be listed a
cord specifies a delayed effective date, but not an effective tins filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th da	y after the
ed Sept. 14,2022.	—; _{``}	
Cabha Mwac Signature of a member or author	orized representative of a member	
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 $(x,y) \in \mathcal{E}(x) \cap \mathcal{E}(x)$