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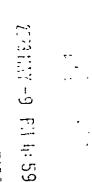
(Requestor's Name)
(Address)
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(Dusiness Entitudiams)
(Business Entity Name)
(Document Number)
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JR.

COVER LETTER

	gistration Sovision of Co				
SUBJECT		ls 1004 - 1006, LLC			
SUBJECT		Name of Lin	nited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retur	n all correspo	ondence concerning this matter	to the following:		
		Jerry Rowland			
		<u> </u>	Name of Person		
		Bits Rentals 1004-1006, L	LC		
Firm/Company				 	
		1498 NW 3rd ST			
		·	Address		
		Deerfield Beach FL 33442		22	
			City/State and Zip Code		
	jerry@handcraftcorps.com				
			to be used for future annual report notification)		
For further i	ntormation c	oncerning this matter, please c	all:	<u> </u>	
Jerry Rowla	ind		561 901-9663 at ()	P. 1 15 59 umber 59	
	Name o	f Person	Area Code Daytime Telephone N	umber F-1	
Enclosed is:	a check for th	ne following amount:			
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	.00 Filing Fee, rtificate of Status & rtified Copy fitional copy is enclosed)	
	<u>iling Addres</u> gistration S		Street Address: Registration Section		
	_	orporations	Division of Corporations		
P.C). Box 632	7	The Centre of Tallahassee		
Tal	llahassee, F	EL 32314	2415 N. Monroe Street, Su	ite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company a (A Florida Limited Liab	s it now appears on hry Company)	our records.)	
The Articles of Organization for this Limited Liability Company we. Florida document numberL21000329756	re filed on	1/20/2021	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 Liability (Company," the design	ation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			
_			
			ڻ
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
_			<u> </u>
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ress on our recor	ds, <u>enter the na</u>	me of the new registered
		<u> </u>	
New Registered Office Address:	Enter Florida st	reet address	
F			
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office additionable company has been notified in writing of this change.	formance of my dided for in Chap	duties, and I am ter 605, F.S. Or	familiar with and r, if this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Isabella Rowland	2401 NE 31st Ct. Lighthouse Point FL 33064	
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add □ Remove
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Effective	e date, if other than tive date is listed, the date	the date of filing	g:	0.01	(optiona	l)
	tive date is listed, the date the date inserted in th					
documen	nt's effective date on th	he Department of S	State's records.			
e record : rd is filed	specifies a delayed effe	ective date, but not	an effective time	e, at 12:01 a.m. on the	ne earlier of: (b)	The 90th day after the
ici is mice	1.	/////				
to a l	MAY 4th		2023			-3
	MAY 4th		•	•		77.75
Dateu _	/	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				•
Dated _	<i>(</i>					i
Dated _		Signature of a	member or authoriz	ed representative of a	member	
Dated	Jerry A Rowland	Signature of a	member or authoriz	ed representative of a	member	-9 Pil 5: 00