## L21000344696

(Requestor's Name)			
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PICK-UP WAIT MAIL			
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: PH	IG, UC	nited Liability Company	<del></del>
	O Name of the	ntea thaning 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:	
	<u>Felda</u>	White Name of Person	
	PH7G,	Firm/Company	
	3511 NW	2014 Terra	ace
	MiAni GA	Aders FL 33 City/State and Zip Code	<u>d208</u>
	2021 Phige	amall. Com	fication)
For further information c	oncerning this matter, please c	all:	
Johny	Person Person	at ( <u>MC</u> ) <u>HM-</u> Area Code Daytim	2504 e Telephone Number
Enclosed is a check for th	he following amount:		
□ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Of Status & Certified Copy (additional copy is enclosed)
Muiling Addres Registration S Division of C	Section	Street Address: Registration Sec Division of Cor	
P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monro	fallahassee e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ns as it now appears on our reliability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company	were filed on	0-2021 and assigned	
Florida document number <u>L21000344696</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		r-S <sub>c</sub>	
(Principal office address MUST BE A STREET ADDRESS)		3	
- The state of the			
		(.)	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		17.	
· · · · · · · · · · · · · · · · · · ·		<i>ن</i>	
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, <u>e</u> i	nter the name of the new registered	
New Registered Office Address:			
	Enter Florida street address		
	Cin	, Florida	
New Registered Agent's Signature, if changing Registered Agent:		THE COME	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my dutie rovided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, 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	Zelda White	3511 NW 2014 Terrare	□Add
		MiAni Fonders, FL 330Sb	□Remove
			Ecchange
AMBR	Johnny White	3511 New 2094 Terrace	🗆 Add
		Minni GANDENS, FL 23056	⊡Remove
			[EChange
			~ ?. □Add -
			Bemove
			Ll Change
	<del></del>		ن. ⊡Add
			□Remove
			□Change
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			□Remove
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			□ \\dd
			□Remove
			□Change

	<del></del>
Effective date, if other than the date of filing:	ling.) Pursuant to 605,0207 (3
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ord is filed.	The 90th day after the
Dated July 6 . 2023.	
3.91 1 Oot.	
Signature of a member or authorized representative of a member	·
-	
Zelda White	,

Filing Fee: \$25.00