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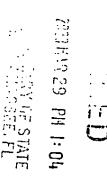
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R. HUNT 03/29/23

## **COVER LETTER**

Registration Section Division of Corporations

TO:

suвјест: <u>Магда</u>	ret Rainwat	er LLC		
J	Name of Lim	ited Liability Company		
The enclosed Articles of Am	endment and fec(s) are sub	unitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Marg	aret Starnes Name of Person		
	Margara	et Rainwater UC Firm/Company	7937 HIR 29 PH 1: 04	, ,
		oll4 ave Address	29 PH	[ 14 6
	Tampo	EL 33612 City/State and Zip Code	FL OH	•
-		arne e tomlin sto		
For further information conc	erning this matter, please c	all:		
Margaret S	starnas	at ( <u>813</u> ) <u>501 -</u> Area Code Daytim	5754 e Telephone Number	
Enclosed is a check for the fo	ollowing amount:			
S25.00 Filing Fee	□ \$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)	
Mailing Address: Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	oorations	Street Address: Registration Sec Division of Cor The Centre of T	porations	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Margaret Rainwater L	<del></del>	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	<u>ears on our records.)</u> y)	
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L21000 3517 04</u> .	8/9/2021	_ and assigned
Florida document number LL1000 331701		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	here:	
Margaret Starnes LLC The new name must be distinguishable and contain the words "Limited Liability Company," the	and desired the second	uniarion of L.C."
The new name must be distinguishable and contain the words. Elimited Elability Company. (ii	ie designation (LLC) of the above	iviation E.E.C.
Enter new principal offices address, if applicable:		. :1
(Principal office address MUST BE A STREET ADDRESS)		-1 1 <del></del>
		20
Enter new mailing address, if applicable:		<u>p</u>
(Mailing address MAY BE A POST OFFICE BOX)	1710	
	AIE C	2
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	r records, <u>enter the name o</u>	of the new registere
agent and/or the new registered office address nere.		
Name of New Registered Agent:		
New Registered Office Address:		
	Florida street 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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