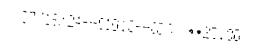
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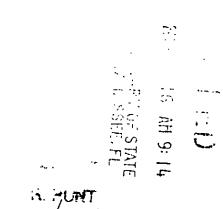
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PICK-UP WAIT MAIL
(Business Entity Name)
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07/16/24

## **COVER LETTER**

Registration Section

TO:

Division of Corpor	rations .		
SUBJECT:	Michae Name of Lim	Lability Company	<u>A</u>
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
`.	Micha	ae   Knever	
		el Kulver PA Firm/Company	-
	• •	Ha Del Rio Address	
	•	n Beach fc 3 City/State and Zip Code	3476 ====================================
: : :	Mi Re la E-mail address: (	to be used for future annual report noti	Lom STATE STATE
For further information conc	erning this matter, please c	all:	- TE - I
Michael Name of Pe	Knever	at (SGI) Also Daytim	2974 e Telephone Number
· ·	•		
Enclosed is a check for the f	,		
\$25,00 Filing Fee	S30.00 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 Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Second Division of Cor The Centre of T	porations
rananassee, f L	J4J17	271J N. MOHIO	e oncet, oute 010

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	1 1 1	iever Pr	4	
(Name of the	Limited Liability Compa (A Florida Limited l	ny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limit Florida document number L 2 loo	ted Liability Company	were filed on	1/1/21	and assigned
This amendment is submitted to amend the	e following:			
A. If amending name, enter the new na	me of the limited liab	ility company here:		
Mi	Chael K	never L	LC	
The new name must be distinguishable and contain	i the Words "Limited Liabil	ity Company," the design	nation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if a	pplicable:	<u>57 Vi</u>	sta Del K	<u> </u>
(Principal office address MUST BE A ST	REET ADDRESS)	Boynta	n Beach f	CL 33479
•				
Enter new mailing address, if applicable	erk (	S7 viste	Del Ric	22 (1) (
(Mailing address MAY BE A POST OFF	TCE BOX)	Boynton	Beach f	L 33426
•		<u> </u>		. <u></u> ,
B. If amending the registered agent and agent and/or the new registered office a		address on our reco	rds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:				
New Registered Office Address:	-		3.8% 5.00	<i>C</i>
	·	Enter Florida .	41.S	œ Co
	;	City	, Floridā 📆	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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