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COVER LETTER

TO:	Registration Section of Corp			
SUBJE	CT: TYE (gator ours	+	
		Name of Limit	ted Liability Company	
The end	closed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please	return all correspon	dence concerning this matter t	o the following:	
		William Er	Name of Person	
			Name of Person	
			P:	
			Firm/Company	
		1350 Juhr) DUCTE VOOC	
		myakka ci	FI 3425 City/State and Zip Code	
		CMMCNWi E-mail address: (to	o be used for future annual report notific	COM ation)
For fur	ther information co	ncerning this matter, please ca	llt:	
W	liam ?	mpach	at (941) 2 19 - 5	8434 Telephone Number
	Name of	rerson	Alea Code Dayume	racphone Number
Enclose	ed is a check for the	e following amount:		
□ \$ 2:	5.00 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

The Ento	r Oldest
(Name of the Limi	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited L Florida document number <u>L210036</u>	Liability Company were filed on <u>09-02-202</u> and assigned 12904
This amendment is submitted to amend the following	lowing:
A. If amending name, enter the new name of	of the limited liability company here:
The new name must be distinguishable and contain the vector new principal offices address, if applie (Principal office address MUST BE A STREET)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	WILLIAM EMBACH 1350 SOUTH DUCHE RUCCO Finter Florida street address MICHAEL STATE Florida 3425 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	William Embach	1350 S. Durth Rollmygkra City	F1.361257
			□Remove
			Change
MBR	William Embach	1350 S. Durth exact myarra city	F1 3C1257
			□Remove
			□ Change
			□Add
		·	□Remove
			Change
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
fanc <u>Note</u> :	tive date, if other than the date of filing:
reco	and specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
atec	99-27-2021 9/1/h
	Signature of a member or authorized representative of a member
	William Embuch Typed or printed name of signee
	William Embuch

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