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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Gaylor	Cyeat Name of Limited Li	ions LL ability Company	<u>C</u>
The enclosed Articles of Amendment ar	nd fee(s) are submitted	l for filing.	
Please return all correspondence concen	ning this matter to the	following:	
Rai	yw Cr	Name Werson eation 5)(. LLC
774	5 SW	Firm/Company Znd Pl Address	
Ocal Caylo	_	State and Zip Code OS Comail sed for future annual report no	CCM Diffication)
For further information concerning this	matter, please call:		
Roy w Gaylo	~ <u>II.</u>	at (<u>561</u>) <u>457</u> Area Code Dayti	me Telephone Number
Enclosed is a check for the following an	nount:		
6 \$25.00 Filing Fee ☐ \$30.00 F Certifie	iling Fee & □ ate of Status	S55.00 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		Street Address: Registration S Division of Co	orporations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed o	n 4/	7/21	and as	signed
Florida document number <u>L21000 3970 66</u> .		·			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility compar	ıy here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company,"	the designati	on "LLC" or	the abbreviation "I	1.,C."
Enter new principal offices address, if applicable:				· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	SUIT Suit		ZSH	SECAL AND 6: STAFE NAME OF STA	TI TI TI W registered
Name of New Registered Agent:					
New Registered Office Address:	Ente	r Florida stre	er address		
			, Florid	a	
New Registered Agent's Signature, if changing Registered Agent:	City			Zip Code	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performanc	ce of my du	ities, and I	am familiar w	ith and

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>	Name	Address	Type of Action
MGR	Ray w Gaylor Jr.	7745 Sw 2nd	□Add
	J	7745 Sw 2nd PL Ocala FL.	□Remove
		34474	@ Change
			□Add
			□Remove
			□Change
			🗆 Add
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:
ne recor	d 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 led.
Dated	9/18/71 Signature of a member or authorized representative of a member
	Roy walter Graylor Dr. Typnoor printed name of signee