K21000409398

(Re	equestor's Name)	
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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	FRED MAZZOCCOLI			
		Name of Person		
		Firm/Company		
	3995 WEST PRICE BLVD	Address		
	NORTH PORT FL 34286			
		City/State and Zip Code		
For further information c	E-mail address: (to oncerning this matter, please ca	o be used for future annual report notical:	fication)	
Susan Name o	mazzoccoli	at (847) 401	5458 e Telephone Number	
		, itta etat sayının	· · · · · · · · · · · · · · · · · · ·	
Enclosed is a check for th	ne following amount:			
□ \$25.00 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 Addres Registration S		Street Address: Registration Sec	ction	
Division of C	orporations	Division of Cor	porations	
P.O. Box 6327		The Centre of T	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 HAY 27 PM 10: 01

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

(A Florida Limited Liability Company)

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 9/15/2021 and assigned Florida document number L21000409398

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.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 address on our records, enter the name of the new registered agent and/or the new registered office address berg:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

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
MGR	SUSAN MAZZOCCOLI	3995 WEST PRICE BLVD	■Add
		NORTH PORT FL 34286	□ Remove
			Change
			□ Add
			□Remove
			□ Change
			□ Remove
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