KZ1000410607

	(Requestor's Name)	
•	(Address)	
	(Address)	
	(riddiess)	
-	(City/State/Zip/Phone #)
_		
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	<u> </u>
	(Eddinoso Ensky Hamo)	,
	(Document Number)	
Certified Copies	Cerificates of	f Status
		
Special Instructions	s to Filing Officer:	
		

Office Use Only



900375810729

11/16/21--01018--016 **25.00

21 HOV 16 PH 2: 37

T. MATTHEWS
DEC - 3 2021

COVER LETTER

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

INTIOEES			•
	OF	, '. · · '' '	CH 2: 31
		on NOV 16	hu c.

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L210004101a07		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company the designation "LLC or the	abbreviation "L.L.C
Enter new principal offices address, if applicable:	CONT	
(Principal office address MUST BE A STREET ADDRESS)	STIME	
	•	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	SAME	
B. If amending the registered agent and/or registered office a	address on our records, enter the na	me of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Florida	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Man AMBR = Auti	iager horized Member	Address HOV 16 PH 2: 37	
<u>Title</u>	<u>Name</u>	Address HOV 16	Type of Action
AMBR	Mark Rothway	1379 S. Wouldayli	∠ ∑Add
		Port Orange, FL 3212	Remove
			_ □Change
AMBR	Michelle Rothwall	1379 S. Wembry Cir	□Add
		Port Drange, FL 32128	□Remove
			_ Schange
HMBL -	Thomas Ganz	1533 Harmony Ave	□Add
		Ormand Boh, FL 32174	□Remove
			Change
AMBR	Erin Ganz	533 Harmony Ave	□Add
		Ormand Bub, FL 32174	<u> </u>
			Change
			□ Add
			□Remove
			_ 🗆 Change
			□Add
			□Remove

____ □Change

						1 '	C PH 2:3	1
			ormation, enter			51 HO?	15	
		_						
			1					
		_	- ;					
		_						
-								
_								
					•			
			-					
_		_			·····			
								_
_								
			,					
			ī					
_			<u> </u>					
ctiv	e date, if	other than	n the date of filir	ng:	. 1	.1 .00.1	(optional)	
			te must be specific ar his block does not					
			the Department of			•		
ord	specifies a	delayed eff	fective date, but no	ot an effective t	me, at 12:01	a.m. on the earlie	er of: (b) The 9	0th day after t
file	d.							
•		174	F	202	1			
d 💄	MM	<u> </u>	<u></u>	· ON	<u>)</u> .			
		m			>			