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## **COVER LETTER**

FO: Registration Section Division of Corporations		
SUBJECT: C Hyghes Proper Name of Lim	rties LLC nited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub Please return all correspondence concerning this matter		
Coleen M	Name of Person	
2210 (	Firm/Company  O A CAVAN  Address	
<u>mel bourve</u> <u>Coleen or</u>	City/State and Zip Code  Na July Com  (to be used for future annual report notifi	iontion)
For further information concerning this matter, please o		canony
Coleev M Hughes Name of Person	at (32/) 543 - Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:  [A\$25.00 Filing Fee	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	Street Address: Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fili Pa

C Harles 1	Dunorst	inc 11-0	2022 4 4	CU	<i>*</i>
(Name of the Limited Liz	ability Company orida Limited Lial	as it now appears on bility Company)	our records.	PH 2:01	
The Articles of Organization for this Limited Liability Florida document number	ty Company w	0	-22 TAZONIAS	OF STATE SEAPPLISSION	ed
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the  Forlor Gr  The new name must be distinguishable and contain the words.	roup LL	-C		breviation "L.L.C	
Enter new principal offices address, if applicable:	:		····		
(Principal office address MUST BE A STREET AI	DDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX	<u>Q</u> .	<u></u>			
			<u></u>	<u> </u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office ad <u>rre</u> :	dress on our reco	rds, <u>enter the nam</u>	e of the new <u>r</u>	egistei
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida	street address	<del> </del>	
			, Florida		
		City		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 t 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, <u>enter the title, name, and address of each person\_being add\_or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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		□Add	
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			□ Remove
		<del></del>	□Change
		Add	
			□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
ie reco ord is f	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	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member