# L21 000 445 309

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Otty/State/21pre Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
TONE
J. HORIVE
J. HORNE NUV - 5 2021
140.

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### **COVER LETTER**

Division of Corp	porations	,	
SUBJECT: Fin	ish Line Go Name of Limi	off Casts LLC ited Liability Company	<u> </u>
The enclosed Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	Stephan	ie Knight Name of Person	
		v	
		Firm/Company	
	4399 Glore	kno Ace	
	North Port	FL 34786 City/State and Zip Code	
		cast & gmail. com o be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	dl:	
Stephenie	Might Person	at (540) 472.4 - Area Code Daytime	82/9 Telephone Number
Enclosed is a check for the	e 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 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

FILED

2021 OCT 26 AH 5: 12

(1)

		SECOTION OF LA
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	TALL ARCHITECT
The Articles of Organization for this Limited Liability Company v	vere filed on celeber 12 202	and assigned
Florida document number <u>LZ1000445369</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
NA		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	***************************************	
B. If amending the registered agent and/or registered office ad	idress on our records, enter the n	ame of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:	_	
Name of New Registered Agent.		<del> </del>
New Registered Office Address:		
	Enter Blorida street address	
	, Florida	
<del></del>	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 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 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	<u>Address</u>	Type of Action
MGR	Stephanie Knight	North Port FL 34288	
		North Port FL 39288	□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
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Note: If the date	if other than the date of filir is listed, the date must be specific are inserted in this block does not ctive date on the Department of	ing:
rd is filed.		not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Octo	ber 23	a member or authorized representative of a member  Hogh
	SYNTERS	
	Sgnature of a	a member or authorized representative of a member

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