# L21000449845

	(Requestor's Name)
	(Address)
<del> </del>	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
<del></del>	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filling Officer:
	J. HORNE
	AUG - 1 2023

Office Use Only



600412440336



08/02/23--01001--002 \*\*25.00



### **COVER LETTER**

TO: Registration Section Division of Corpor	
SUBJECT:	Old land mark (C)
	Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	nce concerning this matter tq the following:
	Jueso Copefand
	Name of Person  Old land may LL  Firm/Company
	2241 North MULLOE St
	Dallahassee JA. 33347  City/State and Zip Code
_	E-mail address: (to be used for future annual report notification)
For further information concession with the second	Copelación at (80) 843-8479
Enclosed is a check for the fo	
∱ 325.00 Filing Fee (	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec	Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO

## ARTI

ICLES OF ORGANIZATION	2023 AUG -1 F
OF .	- 1 And - 1 A
Old lad water	T. F. Alin
219 allamark	
ed Liability Company as it now appears on our	records.)
ed Liability Company as it now appears on our (A Florida Limited Liability Company)	<del>     </del>

(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 on 10/4/2021 and assigned Florida document number21000449946
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, <u>enter the name of the new register</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address

#### 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.

City

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

<del></del>
Effective date, if other than the date of filing:
he record 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 ord is filed.
Dated / Dated / D. 2023.
Signature of a member or authorized representative of a member
TERESA Copelance

Filing Fee: \$25.00