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(Re	questor's Name)	
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Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

IU ARTICLES OF ORGANIZATION **OF**

Fiscal Cents LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	nny were filed on 10/28/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li-	ability 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)		
		2 AU
		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		구구 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전
		<u>여</u> 돌:-
B. If amending the registered agent and/or registered office	re address on our records, enter the na	ime of the new regi
agent and/or the new registered office address here:	ce address on our records, <u>enter the na</u>	me of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agentic	nt:	
l hereby accept the appointment as registered agent and a	gree to act in this capacity. I further a	igree to comply wit

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Thianna Robinson	13031 Terrace Springs Dr., Temple Terrace, FL 3363	7 ≡ Add
			🗆 Remove
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fecti	ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	:05 020
ote:	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	
cumo	ent's effective date on the Department of State's records.	
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	fter the
	ed. ·	
is file		
l is file	August 9th 2022	
l is file		
l is file		