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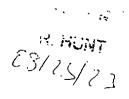
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DIVISION OF CORPORATIONS



COVER LETTER

Division of Corporations	
1.cnsb00	ild Substill
	ed Liability Company
The enclosed Articles of Amendment and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
Cheistor	Ohn CABDO Name of Person
Toefusa	Paddo Boacds Firm/Company
1	Deause Grove Tea 18 19 19 19 19 19 19 19 19 19 19 19 19 19
Naples 1	City/State and Zip Code Total Grand Super Partification Total Grand Super Partification
E-mail address: (!	o be used for future annual report notification)
For further information concerning this matter, please ca	ili:
Christopher ABSO	at (239) 270-3609 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

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

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on Florida document number 12100049058	225 223 and assigned
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" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) A GPUS FI	or the abbreviation "L.L.C." Sook Rail 34/20
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	91 VISTON 01 2023 OCT
B. If amending the registered agent and/or registered office address on our records, enter agent and/or the new registered office address here: Name of New Registered Agent:	the name of the new registered
New Registered Office Address: Enter Florida street address Florida	s orida 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 = Manager AMBR = Authorized Member

<u>Title</u> <u>Name</u>		Address	Type of Action
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Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be pri Note: If the date inserted in this block does not meet the appl locument's effective date on the Department of State's record	neable statutory	or more than 90 days at iling requirements.	otional) fter filing.) Pursuant to this date will not be	605.020 listed a
record specifies a delayed effective date, but not an effective d is filed.	e time, at 12:01 a	m. on the earlier of:	(b) The 90th day a	ifter the
Dated $\frac{10\sqrt{3}\sqrt{3}}{3\sqrt{3}}$,	<u></u> .			
Signature of a member or au	uthorized represent	ntive of a member		-
C.B. Marie C. L. M. C. M.	'			