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2021 DEC -6 AM II: 43
SECRETARY OF STATE
TAILMHASSEE, FL

COVER LETTER

TO: Registration Section Division of Corpor		•	•	
SUBJECT:	Path of Name of Limited	DbS+acl Liability Company	es, L	<u>2</u>
The enclosed Articles of Am	endment and fee(s) are submit	ted for filing.		
Please return all corresponde	ence concerning this matter to t	he following:		·
	Gloria	MOOR Name of Person		
	Moore		<u>.</u> S	
	POBO	× 5224 Address	<u>-</u> .	
	Sin Coty C	etel, FC City/State and Zip Code	335	11_
-	B mail address: (to b	din Oyaha e used for future annual rep	ort notification)	
For further information conc	erning this matter, please call:			
Soria Mame of Pe	200 re	at (<u>.314</u>) <u>.3</u> Area Code	Daytime Telephor	2.17 ne Number
Enclosed is a check for the fo	ollowing amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	•	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Enclosed is a check for the fo	ollowing amount:	Area Code Area Code S55.00 Filing Fee & Certified Copy	Φ	\$60.00 Filing Fee, Certificate of Status of Certified Copy

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

ARTICLES OF ORGANIZATION 2021 DEC -6 AM 11: 43 **OF**

FILED

SECRETARY OF STATE TALLAHASSEE, FL

appears on our records.)

(At Foldius Shine	ed Stability Company,		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 21000 497 30</u>	ny were filed on <u>N</u> &.	18, 202 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited		on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	6	and	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	rl	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records	s, enter the name of the new registered	
Name of New Registered Agent:	Sam	<u> </u>	
New Registered Office Address:	Enter Florida stre	et address	
	, 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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
		- - 	□ Add
			🗆 Remove
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