## L21000497968

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
☐ PICK-UP WAIT ☐ MA	IL
(Business Entity Name)	
(Document Number)	
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2022 HAY 18 AM II: 13 SECRUTARY OF STATE

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## **COVER LETTER**

TO:

Registration Section

Division of Corp	orations		
SUBJECT: FM T	YUCKING IC	ed Liability Company	
	amendment and fee(s) are subnutered		
	fenson-	Mauvicette Name of Person	
		Firm/Company	<del></del> -
	118 prlingto	Address	
	Haines City	Address  Address  City/State and Zip Code	4
For further information co	oncerning this matter, please ca		
Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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 9 Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite \$10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

2022 MAY 18 AM 11: 13

(Name of the Mritted Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) SECILLIARY OF STATE The Articles of Organization for this Limited Liability Company were filed on 11-19-21and assigned Florida document number L 21000 497969 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ROTIC TYONS particularly 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_ 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

or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** <u>Address</u> Title <u>Name</u> □Add □Remove Change □Remove ☐Change □Add □Remove □ Change \_\_\_\_ 🗀 Add □Add □Remove

Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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Note:	ive date, if other than fective date is listed, the dat If the date inserted in the ment's effective date on a	nis block does not mee	t the applicable statut	ling or more than 90 days a ory filing requirements.	ptional)  after tiling.) Pursuant to 6 this date will not be li	05.0207 (3) sted as the
If the recor	rd specifies a delayed ef iled.	fective date, but not an	effective time, at 12:	01 a.m. on the earlier of	f: (b) The 90th day af	ter the
Dated	5-18-22	·	·			
	for Stored	Signature of a med	mber or authorized repr	esentative of a member		
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Filing Fee: \$25.00