121000 532 555

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



300402118533

94/13/28--01001--002 **25.00

ATTABASSIT

2023 APR 12 PM 2: 55



COVER LETTER

Registration Section [

TO:

Division of Cor	porations		4
SUBJECT:	Tacks Clear Name of Lim	ited Dability Company	4.(
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jagu	Name of Person	
	Name of Limited Dibility Company osed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: Tocksa		
	53441		202 3APR
	Chat	City/State and Zip Code	
	E-mail address: (ication)
for further information c	oncerning this matter, please c	all:	
Name o	XxXXX— TPerson	at (S\$\$) 728- Area Code Daytime	S250 Telephone Number
Enclosed is a check for t	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration :	Section	Registration Sec	
		2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

y as it now appears on our records.) ability Company)
were filed on $\frac{12/29/21}{}$ and assigned
lity company here:
ty Company," the designation "LLC" or the abbreviation "L.L.C."
SZULY BONDIE HILL RET
Valaboche FI, 30324 &
ddress on our records, enter the name of the new registered
Bonnie Hill Rd
Enter Florida street address 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

Title	<u>Name</u>	Address	Type of Action
MER	Seques Torckson	5344 Bonnie Hill Rd Chattahooche Fl, 32324	□Add
			□Remove
			/IChange
			🗆 Add
			□Remove
			□Change
			2023AP
			2023APR Jemove AM Ghange 30 Add
		Ces ***!	<u>></u> □Ghange
			4; 30 □Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

		
· · · · · · · · · · · · · · · · · · ·		
	- 5	0023 AP
	- - 2 2	
		T
	<u> </u>	
	<u> </u>	
	लें	0
ffective date, if other than the date of filing:	(optional)	. 0.5.65.0
an effective date is listed, the date must be specific and cannot be prior to date of filing or n Sote: If the date inserted in this block does not meet the applicable statutory filing	nore than 90 days after filing.) Pur. ig requirements, this date will	not be listed a
locument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90	th day after the
d is filed.		
Dated 4-12-2023		
/aicu		
\wedge		

Filing Fee: \$25.00