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Special Instructions to	Filing Officer:	
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Office Use Only



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22 APR 25 PM 3: 3:

T. MATTHEWS
JUN 15 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Dead Locat	er ILC	
	of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) as	re submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
(	hristal Carter	
	Name of reison	
<i>D</i>	Pirm/Company	
	Firm/Company	
142	61 War Admiral Place	
	Address	
0.	11 33573	
143	Kin F1 33573 City/State and Zip Code	
<u>Carke</u> E-mail add	res: (to be used for future annual report notification)	
For further information concerning this matter, ple	ease call:	
Christal Carter Name of Person	at (951) 19-4687 Area Code Daytime Telephone Number	
	·	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of State		
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

SECRETARY OF STATE UIVISION OF CORPORATIONS

Deal Loc	cutor Li	_C 22 APR 25 PM 3: 35
(Name of the Limited Liability Co (A Florida Lim	ompany as it now ap ited Liability Compar	pears on our records.)
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company	<u>/ here</u> :
The new name must be distinguishable and contain the words "Limited I	Liability Company," ti	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	the following:  name of the limited liability company here:  ntain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."  if applicable:  STREET ADDRESS)  able:  FFICE BOX)  and/or registered office address on our records, enter the name of the new registered e address here:  Int:  Enter Florida street address	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	<del></del>	
Enter new mailing address, if applicable:	· 	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on ou	r records, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
Hew Registered Office Addiess.	Enter l	Florida street address
		, Florida
N. B. C.	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	_ <del></del>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance as provided for it	of my duties, and I am familiar with and  Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ador removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Christal Carter	14261 War Admiral Place Rugnin, F1 33579	
		Rugnin, F1 33579	□Remove
			XChange
		· <del></del>	□Add
			□Remove
			□Change
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n effect <u>ete:</u> - If	e date, if other than the date of filing:
cord s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the second of the secon
ted	April 20th . 2022.
	Signature of a member or authorized representative of a member