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Y. SCOTT JAN 25 2022

COVER LETTER

	h LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
Division of Corporations ArdenSenih LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Nedra Ware Name of Person ArdenSenih LLC Firm/Company 2406 E. State Road 60 Suite 1829 Address Valrico, FL 33594 City/State and Zip Code nedra@ardensenih.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			
Please return all correspo	ondence concerning this matter	to the following:	
	Nedra Ware		~2
		Name of Person	82 - 1
	ArdenSenih LLC		
		Firm/Company	The state of the s
	2406 E. State Road 60 Sui	te 1829	XX9 PR O
	-	Address	777 F.L.
	Valrico, FL 33594		Ltt.
		City/State and Zip Code	
	-	16.6	
For further information e		•	ication)
Nedra Ware	, , , , , , , , , , , , , , , , , , , ,		
Name o	f Person		Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration 3 Division of C P.O. Box 632	Section Corporations 17	Registration Sec Division of Corp The Centre of To	oorations allahassee
- anamasee,		Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Argensenin LLC				
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	l <u>s.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000010799</u>	were filed on January 4 2022		and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:	-	767 13.5	ນ ລ ນ	
Principal office address MUST BE A STREET ADDRESS)			77	
Enter new mailing address, if applicable:		335.8\ S. 30. X.	r · ¬	
Mailing address MAY BE A POST OFFICE BOX)		FAT C	•	
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter</u>	the name o	f the new reg	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Flo	orida	Zip Code	
	Cur	•	лір Соае	

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

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>	Name	Address	Type of Action
MDR	Kierra J Ware	6111 Enterprise Dr, apt 806, Pensacola, FL 32505	≣Add
			□Remove
			🗆 Change
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ffective date, if other than an effective date is listed, the date of the listed in the ocument's effective date on the	must be specific is block does no	and cannot be prion of meet the appli	cable statutory i	or more than 00 da	(optional) sys after filing.) P nts, this date wi	fursuant to ill not be	605.020 listed as
record specifies a delayed effi	ective date, but i	not an effective	time, at 12:01 a	.m. on the earlie	r of: (b) The S	90th day a	fter the
is filed.							
is filed.		2022					
t is filed. ated	11.1	2022 W. Ware ra member or auth					