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T. MATTHEWS

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COVER LETTER

TO:

Registration Section

porations		
S LASHING OUT, LLC		
Name of Lim	ited Liability Company	
Amondment and facts are sub-	mittad for filing	
ndence concerning this matter	to the following:	
TONYA L. HENRY		
- 	Name of Person	
FLORIDA'S LASHING O	UT. LLC	
	Firm/Company	14
1635 YAMADA ST SE		
	Address	
PALM BAY, FL 32909		
·	City/State and Zip Code	
E-mail address: (to be used for future annual report	notification)
oncerning this matter, please c	all:	
	607 590-6369	
f Person	Area Code Day	time Telephone Number
ne following amount:		
■ \$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)
<u>s:</u> Section	<u>Street Address</u> Registration	
orporations	Division of C	Corporations
		of Tallahassee nroe Street, Suite 810
	S LASHING OUT, LLC Name of Lim Amendment and fee(s) are sub indence concerning this matter TONYA L. HENRY FLORIDA'S LASHING O 1635 YAMADA ST SE PALM BAY, FL 32909 tonyaleighhenry@gmail.com E-mail address: (oncerning this matter, please c f Person ne following amount: S \$30.00 Filing Fee & Certificate of Status	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: TONYA L. HENRY Name of Person FLORIDA'S LASHING OUT, LLC Firm/Company 1635 YAMADA ST SE Address PALM BAY, FL 32909 City/State and Zip Code tonyaleighhenry@gmail.com E-mail address: (to be used for future annual report) oncerning this matter, please call: Tonya L. HENRY Name of Person Floridatess PALM BAY, FL 32909 City/State and Zip Code tonyaleighhenry@gmail.com E-mail address: (to be used for future annual report) oncerning this matter, please call: Socion Floridate of Status Certified Copy (additional copy is enclosed) SE Section Originated Liability Company Name of Limited Liability Company Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Tonya L. HENRY Name of Person Floridatess PALM BAY, FL 32909 City/State and Zip Code tonyaleighhenry@gmail.com E-mail address: (to be used for future annual report) Oncerning this matter, please call: Section Terest Address Section Originates Copy (additional copy is enclosed) The Centre of The Centr

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

22 FE1 In Pull2: 32

FLORIDA'S LASHING OUT, LLC

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

	Statisticy Company (
The Articles of Organization for this Limited Liability Company	were filed on January 5, 203	and assigned
Florida document number L22000013277		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "I	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2539 Palm Bay Rd NE	
(Principal office address MUST BE A STREET ADDRESS)	Palm Bay, FL 32909	
Enter new mailing address, if applicable:	**************************************	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	di ess
-	,	FloridaZip Code
	Сцу	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. Thereby 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
AMBR	SARAH GREGORIUS	P.O. Box 1002	■Add
		Arkport, NY 14807	□Remove
			Change
			□Add
			Remove
			☐Change
			□Add
			□Remove
			□Change
		 	□Add
			Remove
			□Change
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change

Dated	2022	arus	
the record specifies a delayed effective coord is filed.	late, but not an effective time.	at 12:01 a.m. on the earlier c	f: (b) The 90th day after the
(If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable	te of tiling or more than 90 days statutory filing requirements	after tiling.) Pursuant to 605.0207 , this date will not be listed as
Effective date, if other than the date (If an effective date is listed, the date must b	ate of filing:	(optional)
			· · · · · · · · · · · · · · · · · · ·
			
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