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	(Requestor's Name)
	(Address)
	(Address)
·	(City/State/Zip/Phone #)
PICK-	UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	ons to Filing Officer:
	PECENTER
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Office Use Only



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BY:____

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Limit	1E 3 L L C ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Quinteish	a Mulkey	
		Name of Person	
		Firm/Company	- III III.
	13703 bern	nuda DR.	
	Seminole F	-Z 33776	
	Comulkey by E-mail address: (1	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	fication)
For further information co	oncerning this matter, please ca	all:	
Quinteist Name of	Person MU/K-CY	at (<u>731)</u> <u>557</u> Area Code Daytim	. 9735 e Telephone Number
Enclosed is a check for th	e 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company wars filed on $\mathcal{O}(1/2)$ and a

(A Florida Limited)	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\begin{align*} \lambda \lambda \rangle \rangle \ran	y were filed on $OI/O(c/202)$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabi	ice LLC
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	202
	: : : : : : : : : : : : : : : : : : :
	2
Enter new mailing address, if applicable:	## 6 C
	က်လ 🕿 🚺
(Mailing address MAY BE A POST OFFICE BOX)	9.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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ffectiv	e date, if other than the date of filing: (optional)
an effec	e date, if other than the date of filing:
ocumer	The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it'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 90th day after the
l is file	
ated	02/28 .2023 .
	\mathcal{O} \mathcal{O}
	///utastrl ///
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00