## L22000014507

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(Address)
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SECRETARY OF STATE OF CORPORATIONS
OF CORPORATIONS
22 APR -6 PM 1.30

T. MATTHEWS APR 2 1 2022

## **COVER LETTER**

TO: Registration Se Division of Cor			ε · ·
SUBJECT: Shi	ne Hard deta	Jing //C	·.
	Name of Lim	ned 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:	
	Kyle K	Name of Person	
	Sainc_hara	1 detailing	
	636 He	eather Ln Address	
	Orange C	City FL 33 763  City/State and Zip Code  Weta//ing/// @ yaf to be used for furdre annual report noti	ana Gum
For further information c	E-mail address: (oncerning this matter, please ca		fication)
Kyle Hintt	4	at ( <u>386</u> ) <u>281 - 1</u> Area Code Daytim	7834
Name o	f Person	Ārea Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 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 Addres	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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 OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

22 APR -6 PM 1:30

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

The Articles of Organization for this Limited Liabil	lity Company w	ere filed on		and assigned
Florida document number	·			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liabilit	y company h	ere:	
The new name must be distinguishable and contain the words	s "Limited Liability	Company," the d	lesignation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	e: .			
(Principal office address MUST BE A STREET A	(DDRESS)		· <del></del>	
	-			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)  B. If amending the registered agent and/or regis agent and/or the new registered office address he  Name of New Registered Agent:	stered office ad			
New Registered Office Address:		Enter Elo	rida street address	
		ioner 1 ib		
_	<u></u>	City	, Florid	Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:			
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this cha	and complete po red agent as pro fistered office a	erformance oj ovided for in (	f my duties, and L Chapter 605, F.S.	am familiar with and 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kyle james Hint	636 Heather In	Drange City A & Add
			□Remove
			□Add
			□Remove
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L'effantis	a data if ather then the data of films.
Note: 1	e date, if other than the date of filing:
e record rd is file	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 d.
Dated _	4-1-22
	/*/1/////
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00