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SECRETARY OF STATE
TALLAMASSEE, FI

Y. SCOTT FEB 2 2022

## **COVER LETTER**

	stration Section sion of Corporations	
SUBJECT:	FNH 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:	
	Magdaline Gaines  Name of Person  Bright Light Consuling  Firm/Company  2595 Sanford AV  Address  Sanford FL 32173  City/State and Zip Code  The Dight Light Consuling I Net  E-mail address: (to be used for future annual report notification)	
For further inf	ormation concerning this matter, please call:	
Ma	Name of Person at (407) 413-4916  Area Code Daytime Telephone Number	
Enclosed is a c	neck for the following amount:	
□ \$25.00 Fil	ng Fee S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, 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 OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 011022 and assigned
Plorida document number 1220000 23071
his amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
FNA 12035hc6 LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
3. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registere</u> gent and/or the new registered office address here:
Name of New Registered Agent: Bright Light Consulting CLLES &
New Registered Office Address: 2595 Sanfold Av Sanfold Enter Florida street address
Sunforcl Florida 730-2737
lew 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 Registeres 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
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