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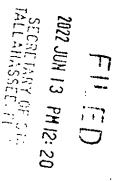
(Requ	uestor's Name)	
(Addr	ress)	
(Addr	ress)	
(City/	State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Name)	
(Doce	ument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fi	ling Officer:	
	J. HORNE	
	AUG 3 1 2022	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	The Vend Name of Limi	ing Den LLC ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	nitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	And	Name of Person	h
		Firm/Company	
	<u>(52</u>	7 Jamesville) <u></u>
		Tampa, F-L 3=	
-	E-mail address: (t	1500 Ljoseph Qortlook.	com ication)
For further information conc	erning this matter, please ca	dl:	
Anderson C Name of Pe	Joseph	at (239) 227 Area Code Daytime	- 613 ¹⁷ e Telephone Number
Enclosed is a check for the fo	ollowing amount: ☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

FILED

ARTICLES OF ORGANIZATION 2022 JUN 13 PM 12: 20 **OF**

SECRETARY OF STUTALLANASSEE, FILL

The \	Jending Den Liability Company as it r Florida Limited Liability Company	LLC		
(<u>Name of the Limited</u> (A	Liability Company as it r Florida Limited Liability (ow appears on our Company)	records.)	
The Articles of Organization for this Limited Liab Florida document number <u>よみのののみ</u> り		led on <u>Janua</u>	y 11, 20	222 and assigned
This amendment is submitted to amend the follow	zing:			
A. If amending name, enter the new name of the Promised Copital Investment of the new name must be distinguishable and contain the work			n "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable of the application				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	 (9X)			
B. If amending the registered agent and/or reg agent and/or the new registered office address	•	on our records,	enter the nan	ne of the new registered
Name of New Registered Agent:				
New Registered Office Address:	7320 E	Fletcher Enter Florida street	Ave	
	Tampa			3363 ¹ 7 Zip Code
	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>	<u>Name</u>	Address	Type of Action
			□Remove
			□ Change
		.	□Adđ
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			🗀 Remove
			□ Change
			🗀 Add
			□Remove
			□Change
•			□Add
			🗆 Remove
			F161

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effe	ve date, if other than the date of filing:
	ent's effective date on the Department of State's records.
ecord is tile	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 ed. Tune 9th
ited_	Signature of a member or althorized representative of a member
	Signature of a member or alterorized representative of a mumber
	Typed or printed name of signee