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(((H220000494373)))



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	To:	Division of Corporations Fax Number : (850)617-6383					
	From:	Account Name : REGISTERED AGE Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010	NTS INC.				
-7 PM	ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:						
2022 FEB	LLC	SIGN FEB					
		Certificate of Status Certified Copy	0	7 <u>₹</u>			
		Page Count Estimated Charge	\$25.00	M 10: 25			

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T. LEMIEUX FEB 08 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18SummersofJoy LLC

company has been notified in writing of this change.

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

(control and control and contr			
The Articles of Organization for this Limited Liability Company were filed on 01/13/22		_ and a	ssigned
Florida document number L22000028635			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LEC" of	r the abbre	viation "	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)			
B. If amending the registered agent and/or registered office address on our records, enter the agent and/or the new registered office address here:	e name o	f the n	ew registere
agent and/or the new registered office address here.			
		22	
Name of New Registered Agent:		لىت	
New Registered Office Address:	· -	싫	
Enter Florida street address		1	1
P1			m
Flori	ua	Zip Cod	
New Registered Agent's Signature, if changing Registered Agent:	. :	Ü	
		25	
I hereby accept the appointment as registered agent and agree to act in this capacity. I furth			
provisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent as provided for in Chapter 605, F.2			
being filed to merely reflect a change in the registered office address, I hereby confirm that i			

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	Amanda Buss	7901 4TH ST N STE 300	X)Ađd
		ST. PETERSBURG, FL 33702	□Remove
			□Change
4.11			DAdd
			Remove
			□Change
			□ Add
			□Remove
			☐ Change
	Name of the state		□Add
			□Remove
			□ Change
			□Add
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ective date, if other than the effective date is listed, the date in this nument's effective date on the	nist be specific an block does not	d cannot be prio meet the appli	cable statutory			g.) Pursuant to 6	
cord specifies a delayed effect s filed.	ive date, but no	t an effective t	ime, at 12:01 a	um, on the ear	lier of: (b) 1	he 90th day at	ter the
_{ed} <u>02/07</u>		2022	·				
Rilma	tack		······································	***************************************			
Rilmy	Signature of a	member or auth	orized represent	ative of a memb	er		

Filing Fee: \$25.00