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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divi	sion of Cor	porations			
SUBJECT:	Pat Rice, L				
SUBJECT		Name of Limi	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Rennai Kelly			
			Name of Person		<u> </u>
		Pat Rice, LLC	Name of Person Firm/Company te 3-111 Address City/State and Zip Code n be used for future annual report notification) t: at (
			Firm/Company		
	1400 Village Square Blvd Ste 3-111				
		· · · · · · · · · · · · · · · · · · ·	Address	ing: of Person Company dress and Zip Code future annual report notification) 50 528-5843 ea Code Daytime Telephone Number Dilling Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations	
		Tallahassee, FL 32312			
			City/State and Zip Code		_
		Rennai@MyRegalHome.co			
				port notification)	
For further in	formation c	oncerning this matter, please ca	all:		
Rennai Kelly			5843		
	Name o	f Person		Daytime Telephone Numb	ucr
Enclosed is a	check for th	he following amount:			
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certific sed) Certific	cate of Status & ed Copy
Reg	ling Addres	Section	Registrat	ion Section	
	usion of C D. Box 632	Corporations 27		of Corporations re of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
	(A Florida Limited Liability Company)	
The Articles of Organization for this Limited L	iability Company were filed on $\frac{02}{2}$	/04/2022 and assigned
lorida document number 1.22000041394		
his amendment is submitted to amend the foll	lowing:	
a. If amending name, enter the new name o	of the limited liability company h	ere:
he new name must be distinguishable and contain the	words "Limited Liability Company" the c	escionation "11 (" or the abbreviation "11 ("
-		esignation and of the address action and a
inter new principal offices address, if applic	cable:	—————————————————————————————————————
Principal office address MUST BE A STREI	ET ADDRESS)	-
		8
		3 5
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	(BOX)	
		577
s. If amending the registered agent and/or gent and/or the new registered office addre	8	ecords, enter the name of the new regis
Name of New Registered Agent:	Jonathan Kelly	
New Registered Office Address:	1400 Village Square Blvd Ste 3-	11
	Enter Flo	rida street address
	Tallahassee	, 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR=	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
		- 	□Change
			□Add
			□Remove
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effi Note:	ve date, if other than the date of filing:	0207 (3)(b) d as the
ne record ord is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.	the
Dated _.	August 8 . 2025.	
	Signature of a member or authorized representative of a member	