L22000054092

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
	WAIT	MAIL
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ertified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
J. HORNE		
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COVER LETTER

TO: Registration Section Division of Corporations

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Name of Limited Liability Company SUBJECT

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

at (<u>850</u>) <u>879 - 4064</u> or (850) 879-1717 Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□ \$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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite \$10 Tallahassee, FL 32303

ARTICLES OF A TC ARTICLES OF O OF) RGANIZATION	2022 AUG 17 FM 12: 46
<u>Naywood</u> + <u>Company LLC</u> (<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	TALLAHASSE OF
The Articles of Organization for this Limited Liability Company v	vere filed on $2 - 1 - 22$	and assigned
Florida document number <u>L 22000 54092</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	. <u></u>	
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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	Tommy Haywood	I Jr.
New Registered Office Address:	4517 Sample	F Dr.
	Enter Florida street address	
	Jallahassee City	, Florida <u>32303</u> 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 mercly 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	<u>Type of Action</u>
MGR_	Tominy E. Haywood Jr.	105 Wesley Walked Rol.	
		Quincy, F1. 32352	🗆 Remove
			Change
MER	Katrelle L. Mitchell	2485 Horse Saddle Way	🗆 Add
		Quincy, F1. 32352 UN	EKemove
			Change
			🗆 Add
			🗆 Remove
			🗆 Change
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			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

Signature of a member or anthonized representative of a member TOMMY E. Haywood Jr. Typed or printed name of signee

Filing Fee: \$25.00