(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
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(Document Number)	
entified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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CINECADA'S PEFICE
PIVISION OF CORPORATIONS
ALLAHASSEEL FLOPIDA 3

RECEIVED

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: A	by Proper Name of Limi	rty Investy ted Liab Dity Company	ment LLC
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Danni	y Blanco Name of Person	
	640 10 ⁺	Firm/Company ST SE Address	
	Naples, danny blar E-mail address: (t	City/State and Zip Code CO 0712 @ am to be used for future annual report lotific	nail. com
For further information co	oncerning this matter, please ca		
Danny	Blanco	at (<u>739</u>) <u>682</u> Area Code Daytime	6787 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 ARTICLES OF ORGANIZATION OF

Abby Property In (Name of the Limited Liability Compa- (A Florida Limited L	nv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2200056046</u>	were filed on $02/07/2077$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ervices LLC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	640, 10 th ST SE Naples, FL 34117
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 640	anny Blanco 10th ST SE
Nat	Enter Florida street address City Florida Zip Code

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

New Registered Agent's Signature, if changing Registered Agent:

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
ident	Danny Blanco	640 10th ST SE	□Add
	ı	640 10th ST SE Naples, FL 34117	□Remove
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Effective	e date, if other	than the date	of filing:			((optional)	
Note: If	the date inserted	d in this block do	oes not meet th	ne applicable:	te of filing or mo statutory filing	ore than 90 day ; requirement	s after filing.) P s, this date w	ursuant to 605,0207 Il not be listed as
documen	it's effective date	on the Departn	nent of State's	records.				
e record	specifies a delaye	ed effective date	but not an of	factiva tima	u 12:01 a m - c	n thu aneliae	-6 (h) Th-	Oth day after the
rd is filed	l.	o checuse date	, out not an en	icetive time, a	at 12.01 a.m. (n me carner	or (o) the	oth day after the
	11 77	J 107 J						
Dated _	11-27	<u>- 2023</u>	· _	·	<u></u>			
			1	ing 1	Tun)		
		Signa	ture of a membe	r of Juthorize	representative	of a member	<u> </u>	

Filing Fee: \$25.00