# L22000061290

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A. RIVERS

# **COVER LETTER**

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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

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

V() ()	inhiling Company as it now appears on our recor	:ds.)
(A F	iability Company as it now appears on our recordorida Limited Liability Company)	<u>.=</u> ,
The Articles of Organization for this Limited Liabil Florida document number <u>L210006129(</u>	lity Company were filed on \\ \( \frac{12}{4} \)	2022 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the Start Color of the Start Color of the Start of the new name in the distinguishable and contain the words	1 1 (1	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO.)	<u>X)</u>	202
B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office address on our records, <u>ente</u> ere:	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	
_	I	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 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
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