## 4770000 72769

(Requestor's	s Name)
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(City/State/Z	lip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document	Number)
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LLC Nk driend

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A. RAMSEY
JUL 12 2022

## **COVER LETTER**

	Alantis IIc	1,22000072769		
SUBJECT:		Name of Limi	ted Liability Company	<del></del>
The enclosed	l Articles of .	Amendment and fee(s) are subv	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	o the following:	
		Edward S Hand Jr		
			Name of Person	
		54082 Marlee Road	Firm/Company	
		Callahan, Florida 32011	Address	
		eshjr1@ gmail.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report no	iffication)
For further i	nformation c	oncerning this matter, please co	ıll:	
Edward S I	land Jr		904 378.6904	
	Name o	f Person	at () Area Code Daytic	ne Lelephone Number
Enclosed is	a check for t	ne following amount:		
\$25.00	Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy cadditional copy is enclosed:

MAILING ADDRESS:

Registration Section

**Division of Corporations** 

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (E)

Alantis lle

2022 HAY -9 AM 10: 58

(Name of the Limited Liability Com	pany as it now appears on our records.): d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number	- •	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	ability company here:	
PR One fle		
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or	the abbreviation "L.I. C."
Enter new principal offices address, if applicable:	54082 Marlee Road	
(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 registered agent and/or the new registered office address h	<del>-</del>	enter the name of th
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del> </del>	, Florid	daZip Code
	City	

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, 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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			Change
			□ Remove
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		5. May 202				
Ifective date, if other than a fan effective date is listed, the date Note: If the date inserted in this locument's effective date on the	must be specific a s block does not	ind cannot be prior timeet the applic	to date of filing c able statutory f	r more than 90 day	optional) s after filing.) Pursuan s, this date will not	it to 605,0207 (3) be fisted as the
e record specifies a dela The 90th day after the i	yed effective record is filed	e date, but no d.	t an effectiv	e time, at 12	:01 a.m. on the	earlier of:
5. May		2022				
Dated		17/11		م و مد پ		_
	1/7	11/				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00