L2200008303/

(Requestor's Name)	
(Address)	
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((datass)	
(City/State/Zip/Phone #)	
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(Document Number)	
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COVER LETTER

TO: Registration S Division of Co		•	
SUBJECT: SHA	Name of Line	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filling.	
Please return all correspondent	ondence concerning this matter	to the following:	
	WENDY	ANO RON Name of Person	
	WENDY A	DERSON, P.A.	2022 KC SECRE TALI
	135-3 Palm	Address	2022 NOV 30 MIT 10: 03
	UNTER PA	RK, FL 3278 City/State and Zip Code	9 7 0
	II-mail address: (i	Quanto be used for future annual freport notif	2 M
For further information of	concerning this matter, please co	all:	
WENDY	ANDERSON of Person	at (<u>UT)</u> (28 – Daytime	GOS/X//
Enclosed is a check for t	he following amount:		
XX \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L2200008303/		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	2022 HO SECRI
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	or the abbreviation "E.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	TITUSVILLE, F	- WAY
(Mailing address MAY BE A POST OFFICE BOX)	TITUSVILLE, FI	L 32780
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	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
M612	JENNA SHANK	7739 WINDOWER WAY	& Add
		TITUSVILLE, FL 32750	□Remove
			Change
			🗆 Add
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Filing Fee: \$25.00