L22000053848

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COVER LETTER

Division of Corp	orations		
suвјест: <u>25</u>	SF 3rd Ave	LCC ted Liability Company	<u> </u>
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Ores	Name of Person	
	25 SE 3rd	Ave UC Firm/Company	
	324 Cuconut	15 Le Drive	
	Fort (gudird	City/State and Zip Code	
	D. Gyer 89()	MGII · COM d be used for future annual report noti	fication)
For further information co	ncerning this matter, please ca	all:	
Gregory BIC Name of	Person	at (186) 443 Area Code Daytim	17 80 ic Telephone Number
Enclosed is a check for the	e following amount:		
25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)			
The Articles of Organization for this Limited Liability Con Florida document number <u>L2200083848</u>	npany were filed on 2/2/2 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here:			
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE)	d Liability Company," the designation "L.L.C." SS) Graph G			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	324 Coconut 15 le Drive Fort GooderdGLE, Fr 33301			
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: New Registered Office Address: 324	(CUNT SIGNED VIVE Enter Florida street address [UNITAGIQ, Florida 333] 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.

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ffective (date, if other than the date of filing: (optional) re date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60:	5.0207
lote: If the	ne date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	ted as
ocument	s effective date on the Department of State's records.	
record sp	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
d is filed.		
ated	May 17 . 2024.	
	Signature of a member or authorized representative of a member	
	Signatura of a member of authorized representative of a member	
	Sye Sury BIGN Co Epped or printed name of signee	

• • •

FILL FO #25.00