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(Re	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
	J. HORN	IE.
	APR - 8	2022

Office Use Only



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03/28/22--01022--019 **25.00

2022 MAR 28 PH 12: 58
SECRETARY OF STATE
TALL SHARKEFF FRANCE

COVER LETTER

TO: Registrat Division				
	GY LL			
SUBJECT.			ited Liability Company	
The enclosed Artic	eles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all co	orrespor	ndence concerning this matter	to the following:	
		JOSE THOMAS CPA		
			Name of Person	
		THOMAS & COMPANY	CPA PA	
			Firm/Company	
		9710 STIRLING ROAD, S	SUITE 101	
			Address	
		COOPER CITY, FL 33024		
			City/State and Zip Code	
		JOSECPA@JTTCPA.COM	to be used for future annual report no	
For further informa	ation co	oncerning this matter, please ca		(theation)
JOSE THOMAS O	CPA		954 435-7272	
1	Name of	Person	at ()at ()	me Telephone Number
Enclosed is a chec	k for th	e following amount:		
■ \$25.00 Filing		☐ \$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)
<u>Mailing /</u> Registra Division	ation S		Street Address: Registration S Division of Co	
P.O. Bo			The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Lial</u> (A Flor	bility Compar rida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Florida document number L22000085743	y Company ·	were filed on 02/22/2022	and assigned
This amendment is submitted to amend the following	<i>:</i>		
A. If amending name, enter the new name of the l	imited liabi	lity company here:	
			20 FAL SE
he new name must be distinguishable and contain the words "I	Limited Liabili	ty Company," the designation "LLC" or	r the abbreviation L.C."
Enter new principal offices address, if applicable:		15515 TROTTING HORSE LAN	
Principal office address MUST BE A STREET AD	DRESS)	TAVARES, FL 32778	8 7 P
			2 3 M
Enter new mailing address, if applicable:		15515 TROTTING HORSE LAN	35 75 7
Mailing address MAY BE A POST OFFICE BOX)		TAVARES, FL 32778	
	-		
3. If amending the registered agent and/or registe gent and/or the new registered office address her Name of New Registered Agent:		ddress on our records, <u>enter the</u>	e name of the new regist
New Registered Office Address: 155	515 TROTTI	NG HORSE LANE	
New Registres Office Address.		Enter Florida street address	
TA	VARES	. Floric	da ³²⁷⁷⁸
		City	Zip Code

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

HAGGY LLC

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
AMBR	SOLANKI, RITVIK	15515 TROTTING HORSE LANE	□Add
		TAVARES, FL 32778	□ Remove
			⊞ Change
	 		□Add
			□Remove
			□Change
			□Remove
			☐ Change
			□Add
			□ Remove
			□Change
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			□Change
			□Add
			□Remove
			□ Change

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	Dated	03 - 21 2022	
		/ Signature of a member or authorized representative of a member	