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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I2001000062 Phone : (323)962-8600

Fax Number : (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PLEASANT DRIVE LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55,00

M. SOLOMON FEB 16 2024

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## **COVER LETTER**

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end tec		T DRIVE LLC			
SOBJEC	- 1 i	Name of Lim	ited Liability Company		
		Cheyenne Moseley			
Division of Corporations  PLEASANT DRIVE LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:	_				
		Legalzoom.com, Inc.			~2
			Firm/Company		1 72.
		101 N Brand Blvd 11th Fl			2024 FEB 16
			Address		<u> </u>
		Glendale, CA 91203			Fil 2: 33
		todd@landuntim.com	City/State and Zip Code		- h မ် က ယ က ယ
		E-mail address: (	to be used for future annual re	port netification)	
For furth	er information c	oncerning this matter, please ea	all:		
Cheyenr	ie Moseley			0888	
	Name o	l'Person		Daytime Telephone Numb	er
Enclosed	is a check for th	ne following amount:			
□ <b>\$</b> 25.0	00 Filing Fee		Certified Copy	Certific sed) Certific	ate of Status & d Copy
		ING ADDRESS:	STREET/		

Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil (A Ploric	lity Company as it now appears on our re da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability ( Florida document number L22000085812	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET ADD	RESSI	
		2924 F.E.
Enter new mailing address, if applicable:		<u>.</u> න
Mailing address MAY BE A POST OFFICE BOX)		TO _E
		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office add	istered office address on our rec dress here:	. డు ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:		
	Enter Fiorida street at	ldress
		ldress , Florida Zup Gode

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

From, Rajiv Srivastava

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

Ta:

- Page 10 of 11

Title	Name	Address	Type of Action
AMBR	Noci D. Mather		
		2 Bridge End Farm Ln. Sandy Hook, CT 06482	≅ Remove
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Note: 1	re date, if other than the date of filing:	207 (3)(1 as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated _	February 9 <sup>th</sup> , 2024  Signature of a member or authorized representative of a member	
	The Market State of the State o	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00