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A. BUTLER

JAN - 9 2023

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KOWSON THEN SUS, UC 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:	
Name of Person Rawson Interpoles; UC Firm/Company	
and and the state of the state	
City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Lisa Lawson at (SS) 982-8736 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy tadditional copy is enclosed)	

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

Lawson Inter	Mill IIC	, <u>, , , 1, 1</u>
(Name of the Limited Liabi (A Florid	ity Company as it now appears on da Limited Liability Company)	i duit de le confish 4 Pii 1: 19
The Articles of Organization for this Limited Liability Florida document number 12200 907	Company were filed on3	14/2022 F. Fand 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 "Lin	mited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	street address
	City	Florida Zin Code
	* 19,1	eque mu

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>	Name	Address	Type of Action
MER	The UR Living Must	2044 Cambridge Park	Add
	and any amendments	2044 Cambridge Park Gwf Brelze, Fl 30563	□Remove
	there to		□Change
m6L	Usa Rawson	2044 Cambridge Park Gulf Breeze, FL 32263	□Add
		Guf Breeze, Fi 32263	Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
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			□Change
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			□Remove
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****			⊡Add
			⊡Remove
			□ Channe

Page 2 of 3

D. II alli	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	ive date, if other than the date of filing: Graph Decive 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 605,0207 (3)(b). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	9/1 2020
	Signature of a member of authorized representative of a member
	Lisa L. Rawson Typed or printed name of signee

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