## L22000097099

(Requestor's Name)
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(Document Number)
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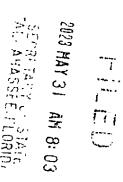
A. RIVERS

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## **COVER LETTER**

TO: Registration Sec Division of Corp		•	· 😼
SUBJECT: ICC		MERSUPPO	2TGS LLC
	Name of Limit	ев Главину Сотрану	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Nacole	EVEYELL Name of Person	
	ICOLE (	CUSTOMER SUP Firm/Company	propeties uc
	1100 Brahma	n Ronch Cir Address	
	Riverview	F1 33578 City/State and Zip Code	<del></del>
	E-mail address: (to	o be used for future annual report notif	Can ication)
For further information co	ncerning this matter, please ca	N:	
Nacole E.	ve vell Person	at ( <u>ASY</u> ) 813 40 Area Code Daytime	Telephone Number
Enclosed is a check for the	: following amount:		
図 \$25.00 Filing Fee	S30.00 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)
Mailing Address		Street Address:	*ion
Registration S Division of Co		Registration Sec Division of Cor	
P.O. Box 6327		The Centre of T	
Tallahassee, F	L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	
(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on Feb. 24, 20	and assigned
Florida document number <u>L2200097</u> 699		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	address on our records, enter the n	ame of the new registered
agent and/or the new registered office address here:		123 H
		TO THE TOTAL PROPERTY OF THE PARTY OF THE PA
Name of New Registered Agent:		ST W
New Registered Office Address:		Tic.
	Enter Florida street address	600
	, Florida	75 CS
	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
AMBR	Kinzeu Downing		□Add
		Address  VIIOOS Brahman Ranch Cir Rivervicus FI, 33578	12 Remove
			□ Change
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		<u>.                                    </u>	□ Change
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ectiv	ve date if other	than the date of filing	5/11/20	うユコ	(optional)
n elle <u>te:</u> <mark>l</mark>	ctive date is listed, t If the date inserted	he date must be specific and	cannot be prior to date one the applicable state.	f filing or more than 90 da	ys after filing.) Pursuant to 605.02 hts. this date will not be listed a
cord	specifies a delay-	ed effective date, but not	an effective time, at 1	2:01 a.m. on the earlier	of: (b) The 90th day after th
is file	ed.				•
ted_	May	11,2023,			
		,			
		March Constitution of a n	nember or authorized rep	presentative of a member	100-1-
			Typed or printed name		