# L220000 98/29

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### **COVER LETTER**

TO: Registration So Division of Con			
SUBJECT:	AMBNB L	Lited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Amber	S. O'Conne	211
	AME	Firm/Company	
	4592	Berklie Dr Address	<u></u>
	Tall.	FL 3230'	8
	E-mail address: (	aller 17@ iclovd to be used for future annual report	notification)
For further information of	concerning this matter, please ca	all:	
Amber (	D' Canell of Person		524-1695 Cytime Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Coertified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional 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 ARTICLES OF ORGANIZATION

INTONO		<u> </u>
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L2200018129	were filed on $3/2/20$	22 and assigned
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 Liabil	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		\$E(C
	<del></del>	AR IAR IB
Enter new mailing address, if applicable:		COLUMN CO
(Mailing address MAY BE A POST OFFICE BOX)		PH 2:
		<u>υ</u> π ω
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ne name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
**************************************	, Flor	rida 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 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>	<u>Name</u>	Address	Type of Action
AMBR	Amber S. O'Connell	4592 Berklie Dr. Tall. FL	32508 [5Add
			Remove
		<u></u>	□Change
	<u></u>	<del></del>	□Add
			🗆 Remove
			□Change
		<del></del>	🗆 Add
		<del></del>	Пепюче
			□ Change
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			Change
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			□Change
			□Add
			□Remove
			□Change

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Effec	tive date, if other than the date of filing: 3 18 22 (optional)
	ffective 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: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docu	ment's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is	nied.
Б.	March 18 2027
Date	March 18 2022.
	Inthe O'MI
	Signature of a member or authorized representative of a member  Landon C. O'Connell  Typed or printed name of signee

Filing Fee: \$25.00