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COVER LETTER

TO: Registration Se Division of Co							
SUBJECT:	PECK	110.	•				
50BJEC1,	Name of Lin	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Christi	Pher Maron Name of Person	 				
		Firm/Company					
	79 Em	S B34 Lane					
	warsaw	Lity/State and Zip Code					
	E-mail address: (City/State and Zip Code Code	ification)				
for further information c	oncerning this matter, please ca	all:					
Christophe Name o	r Maron f Person	at (727) 277. Area Code Daytin	ne Telephone Number				
Enclosed is a check for the	ne following amount:						
₹ \$25.00 Filing Fee	□ \$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)				
Mailing Address Registration S		Street Address: Registration Se	ection				
Division of C P.O. Box 632	orporations	Division of Co	Division of Corporations The Centre of Tallahassee				
Tallahassee,			ne Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF A TO ARTICLES OF O	RGANIZATION AHII
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2200113947</u> .	were filed on 03/04/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabiled.	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	79 Ems B34 Lane
(Principal office address MUST BE A STREET ADDRESS)	Warsow IN 465PZ
Enter new mailing address, if applicable:	79 Ems B34 Lane
(Mailing address MAY BE A POST OFFICE BOX)	Warsaw IN 46582
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

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 Address **Type of Action** <u>Title</u> Name Ems B34 Ln warsaw IN 46582 MGR Christopher Maron ____ □Remove _____ □Change Kole Smith _____ 🗀 Add 9825 Sandstorve In Port Richard WRemove _____ □Add □Remove □ Change _____ □Add _____ □Remove _____ □Change _____ □Add □Remove □Remove

									
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