## 3000120360

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## **COVER LETTER**

SUBJECT:	RH Mu Name of Limite	d Liability Company	Cos IC
The enclosed Articles of Ar	mendment and fee(s) are subm	itted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	Franta	Name of Person	RY
	•	Firm/Company	<u></u>
	419 EB	ie Place	
	West Per	h Seach City/State and Zip Code	Fl 33409
	FRH Lult	be used for future annual repor	Smy C. Can
For further information con	ncerning this matter, please cal	П:	
Frantz Name of	Henry Person	at ( <u>E/6/) 54</u> Area Code D	13124- nytime Telephone Number
		•	
Enclosed is a check for the	following amount:		
ざ\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section Division of Corporations

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

2022 OCT -3 A110: 52 The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_\_ Florida document number <u>L</u> 22 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cin 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

	Authorized Person(s) auth from our records:	norized to manage, <u>enter the title, name, and</u>	address of each person being added
MGR = M AMBR = A	anager uthorized Member		`
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
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AMBR	woodshley	130 jelus 47 Eric Place, wast	Palafach FC 3,449 Exdd
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an eff <u>{ote:</u>	ve date, if other than the date of filing:
recor Lis fil	d 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 ed.
ated	(0-03-2072)
	Signature of a fluember or authorized representative of a member
	$\eta$

Filing Fee: \$25.00