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| (Requ | estor's Name) | |
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| Certified Copies | Certificate | s of Status |
| Special Instructions to Fil | ing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | | | |
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| SUBJECT: | ichele Pe | ited Liability Company | <u>. </u> | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | | | | |
| | Mich | ele Yerkins Name of Person | | |
| | michele | Perkins LL | <u>-</u> C | |
| | 1 . 0 - | 1 · · · · · · · · · · · | | |
| | 149 TU | Address Address | | |
| | <u> Kiss</u> | since FL 34 | 743 | |
| | 10 - 1 | City/State and Zip Code | e collabo | gmail. Com |
| | E-mail address: (| to be used for future annual report notif | fication) |) . |
| For further information c | oncerning this matter, please c | all: | | |
| Michele Name o | Perkins Person | at (Q54) O15 Area Code Daytime | a 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) | S60.00 Filing Certificate o Certified Co (additional cop) | f Status & py y is enclosed) SC S2 |
| Mailing Addres Registration 9 | | Street Address: Registration Sec | ction $\tilde{\mathbb{F}}$ | i |
| Division of C | | Division of Cor | porations 💢 🚉 | |
| P.O. Box 632 | | The Centre of T | | |
| Tallahassee, l | r1, 3231 4 | 2415 N. Monro Tallahassee, FL | e Street, Suite 8 👰 . 32303 | A P |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company Florida document number $\frac{L22000/21260}{}$ | were filed on March 09, | $\frac{202}{2}$ and ass | igned |
|---|---|-------------------------|---------------|
| 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 | e abbreviation "L. | L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 149 Tolip Way Kissimmee | FL | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 149 Tulip Workissimmee 34743 | ay FL | |
| 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 the n</u> | ame of the new | v registered |
| Name of New Registered Agent: | | = | t . |
| New Registered Office Address: | | | |
| | Enter Florida street address | | \Box |
| | , Florida | ≃ 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 |
|--------------|-----------------|---|----------------|
| <u>AMBR</u> | michele Perkins | 149 Tulip Way | □Add |
| | | <u>Kissimmee</u> FL | □Remove |
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| ctive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing or | (optional) |
| 1 If the date inserted in this block does not meet the applicable statutory fi | |
| ment's effective date on the Department of State's records. | |
| and smartface a data and afficient data. For many one of a simulation and 22 Cl | |
| ord specifies a delayed effective date, but not an effective time, at 12:01 a.r filed. | n, on the earner of: (b) The 90th day after |
| | 20 25 |
| January 12. 2023. | |
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| Jan | |
| Signature of a member or authorized representat | ÷ 1 |