L2200122215

(Requ	uestor's Name)
(Addr	ess)
(Addr	ess)
(City/s	State/Zip/Phone #)
PICK-UP	MAIL MAIL
(Buşir	ness Entity Name)
(Docu	ement Number)
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VISIGN OF CORPORATIONS TALLAHASSEE, FLORIDA

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2022 JUN - 1 PM 4: 26

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
FREDERICK m Brown Name of Person
Firm/Company
14848 NW GaineSville RD
Redelick F/A 32686 City/State and Zip Code frederick m Brown & Gmail, Com
Frederick m Bourse Gmail, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FREDERICK on Brown at 352 2352113 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

The choice True	King III	2022 JUN - 1 PM 5: U4
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	SEURETARY US STATE TAIL MHASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000122215</u> .	were filed on 3-10-	- 22 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited liability liabili		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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter t	
	City , Flo	rida Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	gree to act in this capacity. I fur te performance of my duties, an s provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is

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	Frederick M. Brown	14848 NW Barnerville Road	□Add
	Reddick FL 32686	□Remove	
		□Change	
		□Add	
		□Remove	
		□Change	
		DAdd	
		□Remove	
		Change	
		□Add	
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		🗆 Add	
		□Remove	
		<u> </u>	□ Change
		□Add	
			□Remove
		Change	

. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
·	
(If an effective d Note: If the	te, if other than the date of filing:
the record speci cord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated(7-1-2022 4:15 Bm
	Signature of a member or authorized representative of a member
	FREDERICK M Brown Typed or printed name of signee

Filing Fee: \$25.00