L22000125398

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
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TALL AHASSEE FL

O SIMMONS APR 2 1 2022

COVER LETTER

TO:	Division of Corp	porations	*	
SUBJE	Division of Corporations Division of Corporations			
		Name of Lim	ited Liability Company	
The end	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please i	return all correspon	ndence concerning this matter	to the following:	
		1	YLER FREEE C	E FREECE
		AMERICA'N BU	abmitted for tiling. er to the following: TYLER FREECE FREECE Name of Person SULUNG PRODUCTS AND EXPORTS LLC Firm/Company Address HE H 33470 City/State and Zip Code LO DAMA'/ . (DA) E (to be used for future annual report notification) call: at (56/ 470 - 4054 Area Code Daytime Telephone Number S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed) Street Address: Registration Section	
		15174 68TH C	TN	
		LOXAHATCHE alexistreec		
For furt	her information ed			ification)
	. 0.0		at (<u>56/</u>) 410	ne Telephone Number
Enclose	ed is a check for th	e following amount:		
≰ \$25	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registration S	ection orporations 7	Registration Se Division of Co The Centre of 2415 N. Monro	rporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATIONAPR -7 AH 6: 34 OF

SECRETARY OF STATE TALLAHASSEE, FL

(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on lability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 220012539 §</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	ation "L.L.C" 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 a agent and/or the new registered office address here:	ddress on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	reet address
	Cin	, Florida Ziv Code
New Registered Agent's Signature, if changing Registered Agent:	City	гір Сойе
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my o rovided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this document is

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 Title Address Type of Action Name MGR TYLER FREELF _____ □ Add 15174 68TH CTN, LOXAHARCHEE, FL 33470 DAdd _____ □Remove _____ □Change _____ □Remove □Change DAd□ __ _ _ _ _ _ Remove □Change _____ 🗀 Add ______Remove _____ Change □Add _____ □Change

. II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	CHANGING ONLY TITLE OF TYLER PREECE FROM "DIRECTOR" TO "MANAGER"
	FROM "DIRECTOR" TO MANAGER
•	
•	
•	
	
-	
•	
Effect	ive date, if other than the date of filing: (optional)
(If an ef Note:	ective date, if other than the date of filing:
he recor	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 led.
Dated	APRIL 1 ST 2022.
	4/11
	Signature of a member or authorized representative of a member
	TYLER FREECE

Filing Fee: \$25.00