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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to		
Special instructions to	7 Tilling Officer.	
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3.	HOLL	
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT POLICE	+ ab Delive	. 1		
SORTECT: TOTAL	Name of Lin	ited Liapility Company		
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- 491 - 1 - 1 - 1 - 2 - 1 - 3				
the enclosed Articles of	Amendment and fee(s) are sub	mitted for filing,		
Please return all correspo	ndence concerning this matter	to the following:		
·	Stevenso	Name of Person	NM	
		Firm/Company		
		Address	Daytime Telephone Number Daytime Telephone Number See & S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) Address: Stration Section ion of Corporations Centre of Tallahassee	
		City/State and Zip Code		
		City/State and Zip Code		
	E-mail address: (to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all:		
Nt	ch.	at ()		
Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
□ S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
<u>Mailing Addres</u> Registration S		Street Address:	oution	
Registration S Division of C		Registration Section Division of Cornorations		
P.O. Box 632	7	The Centre of	Tallahassee	
Tallahassee, l	rL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

2022 MAY 10 AM 10: 40

$\Omega \cdot \setminus \mathbb{R}^{-1}$	1.1.	i	SEC 2	77 10 AH 10: 40
(Name of the Limited	Liability Compan Florida Limited Li	ty as i now appears on o	TALL Z	HARY OF STATE
The Articles of Organization for this Limited Liab Florida document number 422001	oility Company v	were filed on <u>633</u>	117/22	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ae limited liabil	lity company here:		
The new name must be distinguishable and contain the word	ds "Limited Liabili	ty Company," the designa	tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET)	ADDRESS)			
			-	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BC	<u>)X)</u>			
				
B. If amending the registered agent and/or registered office address based of the new registered office address based on the new registered of the address based on the new registered of the address based on the new registered of the new regis	istered office ad here:	ddress on our record	s, <u>enter the name</u>	of the new registered
Name of New Registered Agent:				
New Registered Office Address:			······	
		Enter Florida str	eet address	
		City	, Florida	Zip Code
		<u></u>		ang come

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

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 <u>Name</u> <u>Address</u> Type of Action monager Micheline Beaulorun 750 NE 15514 terr Made Micheline Beaulorun 750 NE 15514 terr Made Remove ______ □Change □Add □Remove _____ □ Add Remove _____ □Change □Add □Change □Remove ____ Change ______ □Remove

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ote: If the da	ite inserted in th	the date of fili must be specific a is block does not be Department of	t meet the applic	cable statutory fil	more than 90 days ing requirements	optional) after filing) Pursuant to , this date will not be	605,0207 (listed as t
record specifi is filed.	es a delayed effe	ective date, but n	not an effective t	ime, at 12:01 a.n	a, on the earlier o	f: (b) The 90th day	after the
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	\overline{A}	V Signature of	a member or auth	iorized representati	ve of a member		
	/	-					

Filing Fee: \$25.00