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(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer





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11/08/23--01027--011 **25.00



COVER LETTER

TO:

Registration Section

Division of Corp	porations		
Bank	narts Lawn	Card 1/6	
SUBJECT: 1 OF M	Name of Limi	ted Liability Company	
The enclosed Articles of z	Amendment and fee(s) are subi	nitted for filing.	
Please return all correspor	ndence concerning this matter (to the following:	
	Christian	Barnhart Name of Person	·
		Firm/Company	
	18800 SN	Barfield RD Address NEL 3242 City/State and Zip Code Near LLC & Code to be used for future annual report note	2023 to
	Brountston	n FL 3242 City/State and Zip Code	4 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 -
	Barnhorts law E-mail address: (1	ncorelle @ Co.	mall.Com
For further information co	oncerning this matter, please co		; 6
Christian	Barnhart	at (SSO) 247 Area Code Daytin	-2103
Name of	Person	Area Code Daytin	e Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations
		Tallahassee, FI	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L22000135354</u>	mpany were filed on 03 - 18 - 20 <u>22</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited North Florida Infraste. The new name must be distinguishable and contain the words "Limited North No	ed liability company here: Cture Support L.L.C. ed Liability Company." the designation "L.E.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>SSS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: 1880	20 SW Barfield rd Enter Florida street address
	Enter Florida street address Attown City Florida 32424 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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
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			□Remove
			□Change
			DAdd
			□Remove
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Page 2 of 3

							
				 			
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0/4	Signature of	a member or a	uthorized repr	esentative of a n	rember		

Page 3 of 3

Filing Fee: \$25.00