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COVER LETTER

, TO; Registration S Division of Co			
SUBJECT:	LA Billiard	ited Liability Company	
	Amendment and fee(s) are subsondence concerning this matter	_	
	Quich	Ja Williams Name of Person	
	LA	Silliards LLC Firm/Company	
	38	Address	
	Zephyrhil Quahjalla 15-mail address: (1	SFL 33542 City/State and Zip Code Common Com	ification)
For further information of Utahya	concerning this matter, please ca	at (813) 778-	7009 ne Telephone Number
Enclosed is a check for t	the following amount:	,	
□ \$25.00 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 Addre Registration Division of O P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Coo The Centre of T	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

LA Billiards	1.LC 2022 MAY 10 PM 3: 59
(<u>Name of the Limited Liabilit</u> (A Florida	v Company as it now appears on our records CRETARY OF STATE Limited Liability Company) TALL AHASSEE, FLORE
The Articles of Organization for this Limited Liability Co Florida document number <u>L22000135453</u>	ompany were filed on <u>03, 118122</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit the new name must be distinguishable and contain the words "Limit the new name must be distinguishable and contain the words "Limit the new name must be distinguishable and contain the words "Limit the new name must be distinguishable and contain the words "Limit the new name of the limit the new name	ted liability company here: ted Liability Company," the designation "LLC" or the abbreviation "L,L,C."
Enter new principal offices address, if applicable:	38529 5th Ave.
(Principal office address MUST BE A STREET ADDR	3 3 4 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	38529 5th Ave Zephyrhills, Fl 33542
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent: Qt	iahja Williams
New Registered Office Address: 35	8529 5th Auc. Enter Florida street address
Zer	hyrhills
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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR_	Quiahja Williams	38529 5th Au	🗆 Add
		Zephyrhills	□Remove
			Change
MGR Erica Ranson	Erica Ranson	38529 5th Aue	
		Zephyrhills, FL 33542	□Remove
			C Change
AMBR Quinson Croso	Quinson Croson	8329 Cass Rd.	□ Add
		Zephyrhills, FL 33549	(IRemove
			□ Change
		-	🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Add
			□Remove
			☐Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
,	
,	
(If an ef <u>Note:</u>	ive date, if other than the date of filing:
f the reco ecord is f	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	may 9 . 2022
	Signature of a member or authorized representative of a member
	Quiahja Williams Typed or printed name of signee