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SECRETARY OF STATE

## **COVER LETTER**

us & :losed

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

Street Address: 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

FILED

2022 MAY 11 AH 11: 25

LKZ UNIMTED LLC SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our return HASSEE, FI

The Articles of Organization for this Limited Liability Company were filed on May (1) 24,2002 and assigned Florida document number L22000145224. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1914 SW Striln Enter new principal offices address, if applicable: James Ville FL 32607 (Principal office address MUST BE A STREET ADDRESS) P. D. BCX 140951 Enter new mailing address, if applicable: Gamesville FL 32414 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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	<del> </del>
(If an e Note	tive date, if other than the date of filing:
the rece cord is	ord 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 filed.
Date	1 May 5th 2022
	May 5th 2022  thicky Brugge  Signature of a member of a member
	HONY Briggs Typed or printed name of signee

Filing Fee: \$25.00