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## **COVER LETTER**

Division of Corporations	•
SUBJECT: Davin Mach	Joldings 21
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the f	following:
Davis Ma	Name of Person
58 Roy	A delinario
Coanforde	state and Rip Code.  1 Character and Rip Code.  1 Character and Rip Code.  1 Character and Rip Code.
MC G U a v v E-mail address: (10 be u)	ed for future annual region notification)
For further information concerning this matter, please call:	00 Elle 1035
Var. d Mc Olice	at (
Enclosed is a check for the following amount:	
Certificate of Status	S55.00 Filing Fee &  Certified Copy (additional copy is enclosed)  Certificate of Status &  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

0	)F	22	)
(Name of the Limited Liability Compa (A Florida Limited	(ny as it now appears on c Liability Company)	Our rocords.	1. Y. C
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000/56</u> 2/1	were filed on	13/24	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<del></del> -		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
	<del></del>	<u> </u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st.	reet address	
		, Florida	<u></u>
	City		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.

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>	Name	Address	Type of Action
MGR	Susan Mc Query	58 Royster Pr.	TAdd
	/	Address 58 Royster Dr. Crawfordwlle 71. 32377	□Remove
		32377	□Change
			□Add
			□Remove
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ecord speci is filed.	fies a delayed effectiv	e date, but no	t an effective	time, at 12:01	a.m. on the ea	arlier of: (b)	The 90th day	after the
1ed <u>4</u>	(/2/1)	1 1	. 202	3(-)				
_	- Sau	Signature of a	member or aut	hory per represe	ntative of a mer	nher		-
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Filing Fee: \$25.00