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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
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Office Use Only



COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	DOSS 110	$ \wedge $		
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing,		
Please return all corresp	ondence concerning this matter	to the following:		
	Ruby So DOSS 3210 ST K	Name of Person LLC Firm/Company Augustine Roa Address		22 AUG 22 PH 12: 34
	Sucksonu Cabe Basine E-mail address: (1	City/State and Zip Code Cau (a) Camail to be used for future annual report notif	32207_ ication)	
For further information	concerning this matter, please ca	all:		
Ruby S	of Person	at (904) Area Code Daytime	U539 Telephone Number	
Enclosed is a check for the \$25.00 Filing Fee	the following amount: \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is enclo	
Mailing Addre Registration Division of (Street Address: Registration Sec Division of Cor		

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

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{Af}{L220010151}$.	Dr. 1 4, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	2 :
The new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	22 22
(Principal office address MUST BE A STREET ADDRESS)	
	22 532
	<u>にいた。</u> 第二
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u>မှု မြိမိ</u>
B. If amending the registered agent and/or registered office address on our recagent and/or the new registered office address here:	ords, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address: Enter Florida	a street address
1720, 117, 117	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida_

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
AMBR	Ruby Sollers	3210 ST Augustine Rd Jucksonville, 71.32207	CBA'dd
		Jucksonville, 71.32207	□ Remove
			□ Change
			□Add
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Effective date, if other than the date of filing:	(optional)	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	days after filing.) Pursuant t	o 605.0207 (e listed as t
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlord is filed.	lier of: (b) The 90th day	after the
Dated Quant 19th, 2022. Babliel Believe Signature of a member or authorized representative of a member of a memb		
abial B1		

Typed or printed name of signee