L22000170212

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/Otale/21p/r Hone #)
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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: T	SIAND SODZ	LLC		
SUBJECT	Name of Limi	ted Liability Company		
				1200
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		024 Jrs. 22 3 (ASS)
Please return all correspon	ndence concerning this matter	to the following:		
	OL: Yes	Name of Person		PM 12: 07
		SUDZ ZZC		
		Firm/Company		
	3419 Ju	LingToN CA	REEK Road.	
	JACKSU.	WVIII2 FL 32 City/State and Zip Code	1223.	
		N 1941 @ gma:/.		
For further information ec	oncerning this matter, please ca	all:		
Oliver 1	WeLSo N	at (<u>904</u>) Area Code	581-7416	
Dliver 1	Person	Area Code	Daytime Telephone N	umber
Enclosed is a check for th				
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Cer (sed) Cer	.00 Filing Fee. rtificate of Status & rtified Copy fitional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Division The Cent 2415 N Tallahass	dress: tion Section of Corporations tre of Tallahassee Monroe Street, Su see, FL 32303	nite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{64/08/2022}{}$ and assigned Florida document number 222000170212. 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: DANARYL Nealy

3419 Julington Creek Rd.

Enter Florida street address Name of New Registered Agent: New Registered Office 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 Changing Registered Agent, Signature of New Registered Agent

Jack So Nyille , Florida 32223

City Zin Code

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
MGR	Oliver Nelson	3419 Julington eneck Rd	□Add
		JACKSONVILLE FL 32223	ERemove
			□Change
MER	DANARYL Nealy	3419 Julington CREEK Rd	[]
		JACK SONVIlle FL 32223	□Remove
			□Change
			□Add
			Remove
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ective date, if other than the date of filing:	date of filing or more than 90 cele statutory filing requirement	lays after filing.) Pursu	ant to 605.02 ot be listed
cord specifies a delayed effective date, but not an effective times filed.	e, at 12:01 a.m. on the earli	er of: (b) The 90th	day after th
ed 07/19 . 20 2 4	- •		
Signature of a member or authority			 -

Filing Fee: \$25.00