## h22 000170244

(Requestor's Name)
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(, ldd.1555)
(City/State/Zip/Phone #)
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(Document Number)
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Arduous Ei SUBJECT:	ngraving LLC	•		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jenny Countz			
		Name of Person		
	ZenBusiness Inc.			
	······································	Firm/Company		
	5511 Parkcrest Drive, Suit	e 103		
	_	Address		
	Austin, TX 78731			
	_	City/State and Zip Code	<u></u>	
	fulfillment@zenbusiness.co			
	E-mail address: (	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Jenny Countz		844 493-6249		
Name of Person			ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 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 Addres Registration S		<u>Street Address:</u> Registration Sc	ection	
Division of Corporations		Division of Co	rporations	
P.O. Box 632		The Centre of		
Tallahassee, I	1L 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 (法学 20 PM 1: 12 Arduous Engraving LLC (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 <u>04/08/2022</u> and assigned Florida document number  $\frac{1.22000170244}{1.0000170244}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Arduous Improvements LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: 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.

City

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
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			□Remove
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Tective date, if other than the neffective date is listed, the date muster: If the date inserted in this bloom	ick does not meet the applic	able statutory filing requ	(optional) 190 days after filing.) Pursuant to irements, this date will not be	o 605.0201 2 listed as
cument's effective date on the De	partment of State's records	•		
cord specifies a delayed effective s filed.	e date, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
ed May 10	2022			
/s/ Elijah Long	Signature of a member or auth			_