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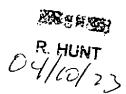
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of C					
	ldings LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Sara Bytheway				
		Name of Person		_	
Law Office of Marc A. Austin, P.C.					
Firm/Company					
3521 North University Avenue #200					
		Address		_	
	Provo, UT 84604				***
City/State and Zip Code 1611holdings@gmail.com					
	E-mail address:	(to be used for future annual report	notification)	PH 2: 1	
For further information	concerning this matter, please c	all:			
Sara Bytheway		801 374-892 at ()	5		
Name	of Person		ytime Telephone Numbe	er	
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	

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

pany as it now appears on our records. [Liability Company])	
y were filed on April 14, 2022		and assigned
bility company here:		
bility Company," the designation "LLC"	or the abb	reviation "L.L.C."
		
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	<i>S</i> , <u></u>	_p 171
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	72	
e address on our records, <u>enter t</u>	he name	of the new registe
		
Enter Florida street address		
, Flo	rida	Zip Code
	bility company here: bility Company," the designation "LLC" e address on our records, enter t Enter Florida street address Florida street address	Enter Florida street address Florida

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

Title	<u>Name</u>	Address	Type of Action
AMBR	450 Holdings LLC	271 E 450 N	□Add
		Lindon, UT 84042	= Remove
AMBR	Leroy Development	1611 E. 2450 S. #5B	□Add
		Saint George, UT 84780	■Remove
			□Change
AMBR	Robert Knowlton	3565 S. Castlefield Dr.	□Add
		Washington, UT 84780	≣ Remove
AMBR	Garret Steed	11104 Indian Oaks Drive	□Add
		Tampa, FL 33625	Remove
			□ Change
AMBR	Kylie Steed	11104 Indian Oaks Drive	Add
		Tampa, FL 33625	### Remove
			D 1717
MGR	Joseph McCord	271 East 450 North	
		Lindon, UT 84042	□ Romava

							
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f an effec <mark>Note:</mark> - If	ctive date is listed, the date if f the date inserted in this nt's effective date on the	must be specific and o block does not me	cannot be prior to eet the applicabl	date of filing or more e statutory filing	re than 90 days affe	r filing.) Purst	iant to 605.020 of be listed a
		ctive date, but not a	un effective time	, at 12:01 a.m. or	the earlier of: (t	o) The 90th	n day after th
d is filed	d.		2023				
d is filed	d.	Cord	2023				
d is filed		Cord Signature of a m	2023	ed representative o	t a member		

Filing Fee: \$25.00