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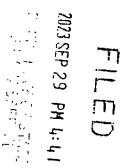
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COVER LETTER

	istration Secti ision of Corpo			
SUBJECT:	<u>50P</u>	Property	ed Liability Company	_
		, Name of Links	ted Liability Company	
The enclosed	l Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please return	all correspond	ence concerning this matter t	to the following:	
		Jashi	JO DAVIDSO Name of Person)n
		SOP Proj	DC + LCC Firm/Company	
		473 SW (whitmore 1	De
		Part Sair	City/State and Zip Code	34983
		E-mail address; (to	o be used for future annual report notific	ation)
For further in	nformation con	cerning this matter, please ca	•	*
Josh	Name of P	avidson erson	at 951 052 - 0	Q540 Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	filing Fee	☐ \$30.00 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 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

The Articles of Organization for this Limited Liability Company were filed on 05/10/2023 and assigned Florida document number (22000) \$1800. 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: Name of New Registered Agent: New Registered Office Address: SCIM+ LICIE Florida 3

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

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 Name Address Type of Action SUSCIN RObinson 473 SW Whitmore Dr. Part saint wire FL Bremove ☐ Change DI MGR JOSHUO DOVIDSON 473 SW Whitmore BAG Part Saint Weig FL Remove □Add _____ □Change _ □Adđ _____ Change \square Add __ □Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.026 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	:07 (3)(as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ecord is filed.	ıe
Dated Sept 25, 2033.	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

Filing Fee: \$25.00