L22000186130

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Addrose)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Addiess)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:
l I	

Office Use Only



300393214403

08/29/22--01028--018 **60.00

22 AUC 20 PM - CT

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations	·	↓	
SUBJECT:	7 4 J JA Name of Lin	25 LLC		
-				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	TAMES	Name of Person	EN	
	A+J	TARS LLC Firm/Company		
	50 30	14 th 57. W	<u> 407</u> A 29	
	BRADEN	TON, FL 3 City/State and Zip Code		10 to
	RAPIOIRIE	COLFERANTE	9 10	:1
	E-mail address: (to be used for future annual report noti	fication) EARTYTMS, COP	1
For further information e	oncerning this matter, please c	all:	SACITATION CO.	•
JAMES /	LEWS WEEK	at (941) Area Code Daytim	9 - 8425 e Telephone Number	
Enclosed is a check for the	ne following amount:			
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		<u>Street Address:</u> Registration Sec	ction	
Division of C	orporations	Division of Cor	porations	
P.O. Box 632	.7	The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	
(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on APRIL 19, 202 and assigned
Florida document number <u>L 22000 f 86/3</u> 0	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	sility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ility 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)	20 20 20
	A 555 C
	29 GAT
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	LINDSEY MEMA	WUS 3727 75-20	1 E□Add
-		SMASOTA, FL 3424	13 Remove
			□Change
			Exhange, SCH.
			Compose Add Compos
			□Remove
			□Change
			□Add
		·	
		 	☐ Change
			🗆 Add
			□Remove
			□Change

								_
				·				_
								_
								_
				·				
							72	<u>_</u> ა :
								7
-							\sim	_ ⊂
							9	
							÷:	— 6.00 1.000 1.000
	···	· · · · ·						<u> - 함</u>
								— <u>;</u>
								_
					_			_
							a .	
n effective o	t te, if other than th date is listed, the date mo	ust be specific a	and cannot be p	prior to date of			filing.) Pursuant to 6	
	date inserted in this beffective date on the I				itory filing rec	juirements, this	s date will not be l	isted :
	ifies a delayed effecti	ve date, but r	not an effecti	ve time, at 12	:01 a.m. on th	e earlier of: (b) The 90th day a	fter th
is filed.								
ited	2/22		200	22				
ited	700		_, <u>/</u>					
	House?	ゴル	nein	280	esentative of a			
		Signature of	a member	authorized repr	esentative of a	member		
					1NGE			