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PICK-UP / WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Corporation	ons		
Nubble 1	LT CONCINE Name of Limite	LLC	
SUBJECT: 1)((DD)	Name of Limite	d Liability Company	
The enclosed Articles of Ameno	lment and fee(s) are subm	itted for filing.	
Please return all correspondence	concerning this matter to	the following:	
		Name of Person	
	Dubble Die	Firm/Company	
	840 Bant	PARE LANDING !	81v <i>2</i>
	TAKENILL	City/State and Zip Code	
	E-mail address: (to	Obe used for future annual report n	otification)
For further information concern	ning this matter, please cal	N1:	
Demondulates	histor	at (101) 365 Area Code Day	time Telephone Number
Enclosed is a check for the following	owing amount:		
\$25.00 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:	ov.	Street Address Registration	
Registration Section	UII .		Cornorations

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

FILED

(A Florida Lin	nited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number \(\sum_2201864\)	pany were filed on $OH(28/2022)$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l 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 ADDRES	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Desmond Washington	81/6 BanpArtelAndi	, Elmand
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			□ Change

	
Note: If t	date, if other than the date of filing: (optional) ve 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 605.020 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 's effective date on the Department of State's records.
the record sport is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	5-3
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00