(Requestor's Name)	
	Address	
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(Business Entity Name)	
		
(Document Number)	
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COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT:	Name of Limi	Toles Thres-fine at the Liability Company	ents UC
The enclosed Articles of A	amendment and fee(s) are subt	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	V E	Name of Person Serveler Servel, PUC Firm/Company	
		P.O. BOX 181.	283
	E-mail address: (t	City/State and Zip Code U(+O Sevolus- o be used for future annual report notifi	82353 1800 ()
_	ncerning this matter, please ca		
Enclosed is a check for the	e following 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		Street Address	

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

(Name of the Limited Liability Co	Thuestments (77) ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>4226026</u> This amendment is submitted to amend the following:	pany were filed on $\frac{4-28-2022}{3}$ and assign	
A. If amending name, enter the new name of the limited The new name must be distinguishable and contain the words "Limited to the new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES.)	Day 2022 LCC Liability Company," the designation "LLC" or the abbreviation "L.L.C 3056 Station Square	· · · · · · · · · · · · · · · · · · ·
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:	fice address on our records, <u>enter the name of the new r</u>	<u>eg</u> istered
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 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
			□Add
			□Remove
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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Note:	ce date, if other than the date of filing:
he record ord is file	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 d.
Dated_	10-14-22
	Signature of a member or authorized representative of a member
	Destoc Civila by Cust Bender, Est. Typed or printed name of signee

.

Filing Fee: \$25.00