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## **COVER LETTER**

TO: Registration Se Division of Cor				
	LESTAD LLC			
SUBJECT:	Name of Limi	ted Liability Company	··············	
The analoged Articles of	Amendment and fee(s) are sub-	mitted for filing		
	ondence concerning this matter			
	RUTHHILLESTAD			
		Name of Person		
	RUTH HILLESTAD LLC			282
	4) - 2/17	Firm/Company		· .
	7781 REFLECTION COV	E DR APT 307		0:11117 02 TH 53
		Address		
	FORT MYERS, FL 33907			=
		City/State and Zip Code		0.1
	RMHILLESTAD@HOTM		P	
		to be used for future annual report noti	ncation)	
For further information of	concerning this matter, please ca	all:		
RUTH HILLESTAD		239 710-0535 at ()		
Name (	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	Status &
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sc	ction	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 63	27	The Centre of T	l'allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Mailing address MAY BE A POST OFFICE BOX)

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4 MAY 2022 and assigned Florida document number 1.22000211594

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

B. If amending the registered agent and/or registered office address on our records, enter the name of the  $\overline{new}$  registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	Cirv	Zin Coda

## 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
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is filed.				, , , , , , , , , , , , , , , , , , , ,
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ned JULY 16  Muth	Hilluta Signature of a member or au		S. minut.	