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## **COVER LETTER**

SUBJECT:	Saint Augustine of Saint		
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	•	Name of Person	
	Clustey	Firm/Company	
	201 Ou	iens Ave, un	itA
		*··, *·-·· -·· -·· -·· -··	32080
	Vrober E-mail address:	Ho clukey and tel	bault com
For further information co			Katom
Tules	Teboult	904 679	2/19
Name of	Person Person		: Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

FILED

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( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appe	ears on our records.) TAI	LLAHASSEE, FL
The Articles of Organization for this Limited Liability Florida document number 4220002175		5/0/22	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "L	imited Liability Company," th	e designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	<del></del>
B. If amending the registered agent and/or register agent and/or the new registered office address here		records, enter the nan	ne of the new registered
Name of New Registered Agent:	· · · ·		<del></del>
New Registered Office Address:			
	Enter F	Florida street address	
	City	Florida	Zip 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
MBR	Amanda Brooks Hiers	380 Harry Pringle Boad	Add
		380 Harry Pringle Road Saint Augustine, Fl. 32081	□Remove
		33084	<b>0</b> □Change
			□Add
		<del></del>	□Remove
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ecord specifies a delaye	d offective date, but	t not an effective	time at 12:01 au	m on the earlier of: <i>(</i> h	n). The 90th day afte	er the
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Filing Fee: \$25.00