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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s or Status
Special Instructions to	Filing Officer:	

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2022 HAY 25 AM 11: 12 THE CONTROL OF STATE DIVISION OF CURPORATION TALLAHASSEE, FLORIDA

RECEIVED

A. BUTLER MAY 25 2022

COVER LETTER

l'O: Registration Se Division of Cor			
subject: Phill	6× • • •		
SUBJECT: <u> </u>	Name of Limi	ted Liability Company	
	Amendment and fee(s) are sub-	<u>-</u>	
Please return all correspo	endence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	
	2430 SW. 16	8th locp	
	2430 Sw. 16	Address	
	Peala Fl	34473 City/State and Zip Code 66 @ gmail. com to be used for future annual report not	
	/	City/State and Zip Code	
	LUAPGNER	66 @ gmail com	
			ification)
For further information c	oncerning this matter, please ca	dli:	
Yola Fr	an Lois	at (352) 2/6 - Area Code Daytin	1052
Name o	f Person	Area Code Daytin	ne 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahaceae El 32314

Street Address: Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

1#i/lex	LLC	TOTA UNA S	25 AH 11: 12
(Name of the Limite	ed Liability Company as it now appears on ou (A Florida Limited Liability Company)	r records.) E	Y OF STATE
	(ATTIONISE TAMES TABOTHY COMPANY)	iALLAH	ASSEE, FL
he Articles of Organization for this Limited Li		0. 3033	and assigned
lorida document number <u>L 2200022</u>	0366.		
his amendment is submitted to amend the follo	owing:		
. If amending name, enter the new name of	the limited liability company here:		
ne new name must be distinguishable and contain the w	ords "Limited Liability Company," the designat	ion "LLC" or the al	obreviation "L.L.C."
nter new principal offices address, if applica	able:		
Principal office address MUST BE A STREE	T ADDRESS)		
nter new mailing address, if applicable:	BOX)		
Mailing address MAY BE A POST OFFICE I			
. If amending the registered agent and/or regent and/or the new registered office address	s here:		
If amending the registered agent and/or re	s here:		
If amending the registered agent and/or reent and/or the new registered office address	s here:		
. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:	s here:		
. If amending the registered agent and/or regent and/or the new registered office address Name of New 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>	Name	Address	Type of Action
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n effective date o te: If the date	is listed, the date mi inserted in this b	ist be specific and o lock does not mo	cannot be prior to cet the applicabl	ate or tung or mo	re man 50 days an requirements, th	er filing.) Pursuant t his date will not b	e listed as
cument's effec	tive date on the I	Department of St	ate's records.				
•	a delayed effecti	ve date, but not a	in effective time	, at 12:01 a.m. o	n the earlier of:	(b) The 90th day	after the
is filed.							
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