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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	JAGS OF ALL	TROOFS UC	
308/ECT.	Name of Limi	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jagualyn (Name of Person	
	Jago of MI	Firm/Company	
	930 CENTAU	Address	.
	MISSIMMEE F	7 34759 City/State and Zip Code	
	Jequely N. Class E-mail address: (2XEO Cloud, com to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
Jagueryw Name o	Clagke Person	at (<u>340</u>) <u>201 - 55</u> Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632	7	The Centre of T	allahassee

P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Con-	npany were filed on May 11th 2002 and assigned
Florida document number L32000232767.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	930 CENTAURY Dr.
(Principal office address MUST BE A STREET ADDRE.	ssy Bissimma FL 34759
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	930 CENTAURY DR SO THE Kissimmee FL, 34759 1
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent: Jeq	UBLYN CLARKE
New Registered Office Address: 930	Enter Florida street address
_Kiss	Florida 34759 City Zip Code
New Registered Agent's Signature, if changing Registered A	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
AMBR	Allister Biotau	930 CENTEURY Dr	
		Kirsimme FL 34759	Remove
			
MGR Allister Bidea	Allister Bideau	930 CENTAURY Or	i 🗁 Xdd
		Kissimmer FL 34759	Remove
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			□Add
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			□Remove
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			🗆 Add
			□Remove
			Change
			🗀 Add
			□Remove
			□Change

E. Effec	tive date, if other than the date of filing: (optional) ffective 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 605.0207
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
f the rece record is (ord 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 illed.
Dated	Signature of a member or authorized representative of a member