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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(De	ocument Number)	
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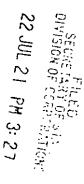
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COVER LETTER

то:	Registration Se Division of Cor			
SUBJE		INGS, LLC		•
SUBJE		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		GREGORY S. FLANAGA	N, ESQ.	
			Name of Person	
		GREGORY S. FLANAGA	N, PA	
			Firm/Company	
		2701 SE MARICAMP RO	AD, SUITE 104	
			Address	
		OCALA, FL 34471		
		GREG@GSFLAW.COM	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notific	cation)
For fur	ther information c	oncerning this matter, please ca	ıll:	
GREG	FLANAGAN		352 732-2773	
****	Name o	f Person		l'elephone Number
Enclose	ed is a check for th	ne following amount:		
≡ \$2.	5.00 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 Addres Registration S		<u>Street Address:</u> Registration Sect	ion

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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 Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited I Florida document number 1.22000229592	Liability Company were filed o	n 5-16-2022 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compar	nv here:
		01. 22
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation LL.C. [2]
Enter new principal offices address, if appli	cable:	L 2
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		# 3: 27
Mailing address MAY BE A POST OFFICE		
The state of the s		
B. If amending the registered agent and/or agent and/or the new registered office address.		our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	NAVROZ F. SAJU	
New Registered Office Address:	125 NE 1ST AVENUE SUIT	re i
	Ente	r Florida street address
	OCALA	, Florida 34470
	City	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

HEADSPRINGS, LLC

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 futies, 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	AZIM F. SAJU	125 NE IST AVENUE SUITE 1	
		OCALA. Fl. 34470	■Remove
			Change
			DIVISION OFFICE CALL CHARMONES
		·	Remove ARC
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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Effective date, If an effective date Note: If the dat	is fisted, the date	must be speci	ine and cann	iot be prior t	o date of film	ng or more ti	(o nan 90 days : suirements.	after filing.)	Pursuant to 60 vill not be lis	5.0207 (ted as t
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e record specifie rd is tiled.	s a delayed effe	cuve date, b	out not an e	Hective tin	ie, at 12:01	a.m. on th	e carlier of	i: (b) 1 he	90th day afte	er the
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Dated	. 2022				_ ·					
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		Signing	e o) a memb	er or author	ized represe	entative of a	member			

Filing Fee: \$25.00