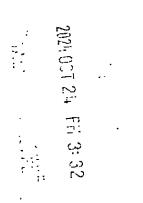
## 

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





10/24/24--01005--001 \*\*25.00





## **COVER LETTER**

ction porations			
LLC			
Name of Lin	ited Liability Company		
Amendment and fee(s) are sub	mitted for filing.		
ndence concerning this matter	to the following:		
Michelle and Sean_Roger	(S		
	Name of Person		
	Firm/Company		
	Time Company		
4639 NW 58th Ave		<del></del>	
	Address		
Coral Springs, FL 33067			
	City/State and Zip Code		
michellemeyer727@gmail. E-mail address: (	com to be used for future annual report not	ification)	
· n	at ( <u>631</u> ) _9421836_	77 1 . b N	
rerson	Area Code Dayon	ne Telephone Number	
e following amount:			
☐ \$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)	
<u>s</u> ection	<u>Street Address:</u> Registration Se	ection	
Registration Section Division of Corporations		rporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
	Amendment and fee(s) are subsidence concerning this matter  Michelle and Sean_Roger  Michellemeyer727@gmail. E-mail address: (oncerning this matter, please concerning this matter, please concerning this matter, please concerning this matter, please concerning this matter.	Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  Michelle and Sean_Rogers	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8255 NW LLC			90a.
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our re Liability Company)	cords.) 7.24 Fi; 3:32
The Articles of Organization for this Limited Elevida document number L22000231980	iability Company	were filed on May 18, 202	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
he new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		4639 NW 58th Ave	
Principal office address MUST BE A STREI	ET ADDRESS)	Coral Springs, FL 33067	
Enter new mailing address, if applicable:		_4639 NW_58th Ave	
Mailing address MAY BE A POST OFFICE	BOX)	Coral Springs FL 3306	7
3. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>ei</u>	nter the name of the new regist
Name of New Registered Agent:	_Michelle_Roge	rs	
New Registered Office Address:	4639 NW 58th	Ave Enter Florida street aa	ldress
	Coral Springs		. Florida <u>33067</u>
		City	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 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	Beau LeGrand	4639 NW 58th Avenue, Coral Springs, FL 33067	□Add
			□ Change
AMBR	Zac Putnam	4639 NW 58th Avenue, Coral Springs, FL 33067	□Add
			= Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		·	□Add
		<del> </del>	□Remove
			□ Change

(If an ef <u>Note:</u>	ive date, if other than the date of filing:
he reco ord is fi	d 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 led.
Datad	2024
Dated	October 17th  Michaella Rogers  Michaella Rogers
	Signature of a member or authorized representative of a member
	Michelle Rogers Typed or printed name of signee