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(Requestor's Name)	
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(Address)	
,	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	-
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO:	Registration Section Division of Corporations) • I	.á
SUBJE	ECT: SINGING SIRE	N LLC		•
	Na	ne of Limited Liability Comp	pany	
The en	closed Articles of Amendment and fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the following:		
	Step	hanie G. Jones Name of Pe	rson	22 AUG 31 PH 4: 04
				631
		Firm/Comp	апу	
	7901	BAYMEADOWS C	IRE, APT	423 早
	<u>JACKSON</u>	JVILLE FL 37	2256	
		City/State and Z		
For fur	ther information concerning this matter.		•	,
	TE PHANTE GJONES	at (_700	ode Baytime	3390
	Name of Person	Area Co	ode Daytime 1	Celephone Number
Enclose	ed is a check for the following amount:			
 □ \$ 2.	5.00 Fili ng Fee S \$30.00 Filing F Certificate of	Status Certified (-	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:		treet Address:	
	Registration Section		Registration Sect	
	Division of Corporations P.O. Box 6327		Division of Corpo The Centre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SINGING	SIREN	LLC	
(Name of the l	imited Liability	Company as it now appears on our records.)	
	(A Florida)	Limited Liability Company)	

(A Florida	Limited Liability Company)	ecorus.	
The Articles of Organization for this Limited Liability Co. Florida document number <u>L 22 000 23398</u>		1/2022 and assign	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
The new name must be distinguishable and contain the words "Limitation of the contain	ited Liability Company," the designation	'LLC" or the abbreviation "L.L.C	."
Enter new principal offices address, if applicable:		N	<u></u>
(Principal office address MUST BE A STREET ADDR	(ESS)	2	<u> </u>
			22
		<u> </u>	==::-
Enter new mailing address, if applicable:		P 3	
(Mailing address MAY BE A POST OFFICE BOX)		÷.	
		- 1	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	l office address on our records, <u>er</u>	nter the name of the new ro	egistered
New Registered Office Address:	Enter Florida street ac	ddress	
	City	, Florida Zip Code	
	•	4	

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>	<u>Address</u>	Type of Action
MGR	STEPHANIES) ONES	7901 BAYMEADOWS CIRE,	🗹 Add
		APT 423 , JACKSONVILLE, FL,	□Remove
		32256	□Change
			□Add
			□Remove
			□Change
			Javislow Javislow (
			Life 3 Change of A 100 M
			□Remove
			Change
<u>_</u>			□Add
			□Change
			□ Add
			□Remove
			ПСь

ır amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		y 3
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	<u></u>	5 5
	PH	JRF0,
	: Ot	
<u>vote:</u> If t	date, if other than the date of filing:	~₹ 0207 (
record sp d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ated	07/29/2012 July 27, 2022.	
	OT/29/2012 July 27, 2022 Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	STEPHANIE 6. JONES	

Filing Fee: \$25.00