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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	helly R Se	Wedit LC. ted Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	5he	Name of Person	<u></u>
	Shelly	R Servedit, LL	
	2004 6	Address	
	Dove	City/State and Zip Code	<del></del>
	5 Harris address (to	o be used for future annual report notif	mail CM
For further information co	oncerning this matter, please ca	11:	
Shelly Name of	Z Searedio	at ( <u>\$13</u> ) <u>541 –</u> Area Code Daytime	5377 Telephone Number
Enclosed is a check for th	c 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 Tallahassee, FL 32314

### Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Shelly R Serve	edito LIC	2022 JUN 13 AM 10: 37			
	ny as it now appears on ou iability Company)	TALLAHASSEE ET			
The Articles of Organization for this Limited Liability Company	were filed on $5-3$	6-2020 and assigned			
Florida document number <u>LATTO344917</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company here:				
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designati	on "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records	, enter the name of the new registered			
Name of New Registered Agent:					
	•				
New Registered Office Address:	Enter Florida stre	et address			
	, Florida				
•	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as paching filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my du rovided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is			

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
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	,	2004 Lance Court Dover, FL 33527	Петюче
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Affective date, if of an effective date is list Note: If the date instruction of the locument's effective	sted, the date must serted in this blo	be specific an ck does not	nd cannot be meet the a	prior to date pplicable s	of filing or	nore than 90	days after t	.ជាវាខ្ម.) វេបាន		
record specifies a cd is filed.										
Dated	no 7		. Ata	22						
	, <u>,</u>		0.	5000	-0,5					
Dated Jiz	54	signature of a	member or	authorized	representativ	e of a memb	xer			