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SECRETARY OF STATE TALLAHASSEE, FL

2022 SEP 15 AM 8: 23

COVER LETTER

TO:	Registration Se Division of Cor			
CUDU		s Management, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
		Kimetha R. Heckman		
			Name of Person	
		Four Sisters Mangement, I	rrc	
			Firm/Company	
		7320 Forest Oaks Blvd		
			Address	
		Spring Hill, Fl 34606		
			City/State and Zip Code	
		kim.periodoc@gmail.com	to be used for future annual report noti	
For fu	rther information c	oncerning this matter, please c		neacon)
Kimet	ha R. Heckman		352 596-1771 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

Four Sisters Management, LLC

(Name of the Limited Liability Compar (A Florida Limited L	nv as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000249946</u> .	were filed on 05/31/2022	and assigned
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 Liabil	ity Company," the designation "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)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		TIC SEC
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
		ASSO E
Name of New Registered Agent:		Est of
New Registered Office Address:		FL FL
	Enter Florida street address	,
	, Florid	la Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Oil,	zaj code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I rovided for in Chapter 605, F.S	am familiar with and . Or, if this document is

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	Jeffrey A. Hameroff	7320 Forest Oaks Blvd	
		Spring Hill, Fl., 34606	□ Remove
			Change
			□Add
			□ Remove
			□Change
			\ _Add
		_	Remove
			Change
			□Add
			□Remove
		- 	□Change
			□ Remove
			Change
			□Add
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Filing Fee: \$25.00