

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dugineen Fakih, Nama)
(Business Entity Name)
(Document Number)
(Social fields)
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SECRETARY OF STAT

## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
(A.C.)	Maria 4717	- 4717	
SUBJECT:CCCC_	Name of Limit	ー <u> </u>	
The enclosed Articles of	Amendment and fee(s) are subn	ntted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	2		
	<u>  Kimberl</u>	Pieler Name of Person	
		Name of reison	
			<del></del>
		Firm/Company	
	8222 N	Address	3. Y
		Address	
	10000	E1 33647	
	Tan pa	F1 33GH7 City/State and Zip Code	
		4 Egral . Cor	
	E-mail address: (to	o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	11:	
17 1	D 1 -	7.5 K37	1077
Kimberly	Person	at $(\frac{\$13}{12})$ = $\frac{523}{12}$	e Telephone Number
Enclosed is a check for the	he 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 radditional copy is enclosed.
Afgilian Addon		Street Address:	
<u>Mailing Addres</u> Registration 5		Registration Se	
Division of C	orporations -	Division of Cor The Centre of T	•
P.O. Box 632	. /	THE COME OF	un u

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears o ed Liability Company) SE	DOMETICAL PLANTS	
	T	ALLAHASSEE.	FL
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>6</u> .	2.22	and assigned
Florida document number <u>L 22 000 252810</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here	:	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the design	gnation "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)			
			<u> </u>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our reco	ords, <u>enter the na</u>	me of the new regis
included the new registered office data ess nere.			
Name of New Registered Agent:		, <u> </u>	
New Registered Office Address:			
	Enter Florida strvet address		
	<u> </u>	Florida _	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>		

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 addeor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	TDT Worrelmon	ise Monogerre	of LLC 4620 NW 8 Terrace	2 X Add
		Ú	Oakland Park F1 37	309 □Remove
				_ □Change
MKK	Kimberly	T. Pecler	8222 Nature Cove Way	□Add
			Tampa F1 33647	Remove
				_ □Change
MGR	Michael	Thompson	325 5 Humbold + Street	□Add
			Denver, 80 80209	_XRemove
				_ □Change
MRK	Chenyl H	enley	3472 Foley Drive	_ □Add
			Tallahassee F1 3230	Remove
				_ □Change
		<del></del>		_ □Add
				_ □Remove
				_ □Change
				_ ⊐Add
				_ □Remove
				□Change

If amo	ending any other information, enter change(s) here: (Anach additional sheets, if necessary.)
-	
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-	
Note:	ive date, if other than the date of filing:  [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e reco rd is fi	ed 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.
Dated	7.10 <u>2022</u>
	Signature of a member or authorized representative of a member
	Even Devil T. Feeler  Even Devil Trunked name of signee