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## **COVER LETTER**

TO:	<b>Registration Section</b>		
	Division of Corporation		

rewn SUBJECT: Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Malines M. Current Bull Crown Joy LLC Firm/Company TEMACE Springs Dr Address Temples Téciace, FL City/State and Zip Code 33637 105 321 C 4ahoo. Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (\_\_\_\_\_) \_\_\_\_\_ Area Code Daytime Telephone Number Name of Person

Enclosed is a check for the 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	FUED
OF 4	2022 NOV - 3 AM 9: 28
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company were filed on $\underline{-\mathcal{OG}/13/2}$ Florida document number $\underline{L220662697832}$	$\frac{\partial (\mathcal{I} \mathcal{I})}{\partial \mathcal{I}}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or t	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 address on our records, <u>enter the agent and/or the new registered office address here</u> :	name of the new registered
Name of New Registered Agent:	
New Registered Office_Address:	
Enter Florida street address	
, Florida	a 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, <u>enter the title, name, and address of each person</u> being added . <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
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		13001 Tenace Spring. Dr	,
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

Dated Signature of a member or authorized representative of a member < Typed or printed name of signee