62200026964

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600403531406

1831 MARY OF STATE

R. HUNT 0 31 241 W

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: PN	D DETRUING Name of Limi	954 Lywited Liability Company	iability Company
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RANDRE	Name of Person	mited Liability Compan
	7400 pmB	Address L 33023 City/State and Zip Code /	7
	Espiro R/C	4 6 GMAII. CON	<u>-</u>
For further information of	concerning this matter, please ca	_	22 1 1
Name o	SpiNO of Person	at (786) 3 33 Area Code Daytime	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 (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

	IMITED LABILITY COMPA Dany as it now appears on our records.) ILiability Company)	NY
The Articles of Organization for this Limited Liability Company Florida document number <u>W2200074059</u> .	y were filed on 06 13 2027. a	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		٠
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	A PM 1: 39 A) SEE, FL	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>enter the name of t</u>	he new registered
•		
New Registered Office Address:	Enter Florida street address	
_	, Florida	<u> </u>
•	City 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 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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		□Add	
			□Remove
			□Change
			□Add
			□Remove
			□Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
Note:	tive date, if other than the date of filing:
cord is f	
Dated	05/23/23. Viator son 7
	Kriatter spin
	Signature of a member or authorized representative of a member
	Typed or printed hame of signee

D. D. 655.00