## L22000270314

(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:

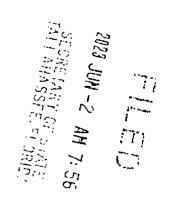
Office Use Only

A. RIVERS
JUL 3 1 2023



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## **COVER LETTER**

Division of Corp	oorations		
SUBJECT:^(	Call Devilling		
SOBJECT.	Cow Develling Name of Limit	ted Liability Company	<u> </u>
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspor	ndence concerning this matter t	o the following:	
	Daniello Par	Name of Person	<del></del>
		Firm/Company	
	9533 News	Address 1 102	
	Riverview, FL	335 78 City/State and Zip Code	<del></del>
		o be used for future annual report notific	ation)
For further information co	oncerning this matter, please ca	II:	
Daniell Par Name of	Person	at ( <u>614</u> ) <u>625-17</u> Area Code Daytime T	Telephone Number
Enclosed is a check for th	e 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 S		Street Address: Registration Sect	ion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

<del>_</del>		
pears on our records.) ny)		
6/14/2000	and as	ssigned
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y here:		
the designation "LLC" or the	abbreviation "	L.L.C."
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ır records, <u>enter the na</u>	~-	
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Florida etroot addrose		<u> </u>
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		y here:  the designation "LLC" or the abbreviation "  the designation "LLC" or the abbreviation "  ar records, enter the name of the new SECRETARY SETTING SET

## 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, 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
			□Remove
			□Change
	<del></del>		
			□Remove
	,		Change
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Note:	ive date, if other than the date of filing:
the record ford is fi	d 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	May 30th . 2023.
	Signature of a member or authorized representative of a member

50 D 035 00