L22000271182

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Sor	Ja L Pinson Name of Li	mited Liability Company	·
	Amendment and fee(s) are sundence concerning this matte	•	
	Sonja Sonja l	Name of Person Pinson LLC Firm-Company	
	501 Hard	Address	
	The Village 5010 73 a v	City/State and Zip Code A No 0, Com Ito be used for future annual report notifi	SECRETAL COLOR
For further information co. Songa Pinson Name of I	ncerning this matter, please o	rall: at (<u>352_)913</u> 1	Telephone Number 124
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)	Sectificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Charles 4.14	

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**

Vama of the Lim	ted Linkiller Comments		<u></u> _
O(Same of the Line	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited I Torida document number L22 0002711		2502 /11/0	_ and assigned
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name o	of the limited liability company her	<u>ē</u> :	
he new name must be distinguishable and contain the v	words "Limited Liability Company," the des	ignation "LLC" or the abbre	viation "L.L.C."
nter new principal offices address, if applic	cable:		
Principal office address MUST BE A STREE	ET ADDRESS)		202
		22	I herran
nter new mailing address, if applicable:		: : : : : : : : : : : : : : : : : : :	o 1
Mailing address MAY BE A POST OFFICE	BOX)	men	* 5
		[三]	
		1.1	•
. If amending the registered agent and/or regent and/or the new registered office addre	egistered office address on our recoss here:	ords, <u>enter the name o</u>	the new regist
Name of New Registered Agent:	Sonja Pinson	1	
New Registered Office Address:	501 Harold Pl	street address	
	The Villages	- ~ .	1.2
	The Villages	, Florida <u>32\</u>	in Code
ew Registered Agent's Signature, if changing I	Posistound & south	•	лу Соче

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.

H 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
 -			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			Channa

	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	I am familiac with an accept the
	I am familiac with and accept the obliquitions of the position.
	
	
	- buga tudan
-	
	
an effective d ote: If the	te, if other than the date of filing:
ecord speci is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ted <u>Ja</u>	<u>5 10 , 2024</u>
	Sona Puson
	Signature of a member or authorized representative of a member
	Sonja PinSon Typed or printed name of signee