12900021890G

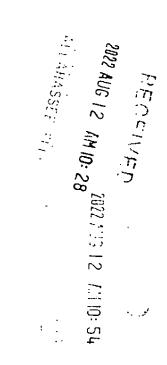
(Re	questor's Name)	
(ive	questor s rvarne)	
	·····	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
_	4	_
☐ PICK-UP	WAIT	MAIL
	/	
(Bu:	siness Entity Nan	ne)
(Doc	cument Number)	
•	,	
Certified Copies	Cartificates	of Status
Certified Copies	_ Certificates	Of Claids
r		
Special Instructions to I	Filing Officer:	

Office Use Only



000391507190

08/12/22--01006--012 **60.00



cf 3/12/2022

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	SRC FLET Name of Lim	M(NG ISAM) ited Liability Company	, <u>L-C</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all corresp	ondence concerning this matter	to the following:	
	<u> </u>	BERT L. KENNY Name of Person	_,5R_
	CMG N	DORTHEAST FLORID Firm/Company	A LLC
	1460 CV	ZETICS EDGE CT	·
	FLEX	City/State and Zip Code Cobe Used for future annual report notified	FL 32003
	E-mail address: t	OBEAT & HEAD to be used for future annual report notific	DHICH-COM
For further information	concerning this matter, please co	ail:	
RA CAI Name	CZ KONNY of Person	at (<u>904</u>) <u>904</u> Area Code Daytime	338 2283 Telephone Number
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 radditional 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

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Cirv

Enter Florida street address

_, Florida <u>__</u>

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
			□Add
		□Remove	
		□ Change	
			□Add
			□Remove
			□Change
		□Add	
		□ Remove	
		☐ Change	
			□Add
		□Change	
			🖸 Add
			□ P

	
Note: If the	ate, if other than the date of filing:
the record spe cord is filed	eifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	AUG 12th 2000
-	Signature of a member or authorized representative of a member
	ROBERT L. KENNY, JR Typed or printed name of signee