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Certified Copies	Certificate:	s of Status
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
	ANDRON LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fec(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	CASSIE LANDRON		
		Name of Person	
	CASSIE LANDRON LLC		
		Firm/Company	
	2420 TRANQUIL LN		
		Address	
	DELTONA FL 32725		
		City/State and Zip Code	S 21
	CASSIELLANDRON@GM		ECC.
	E-mail address: ()	to be used for future annual report notification)	
For further information c	oncerning this matter, please co	all:	22 ARI
CASSIE LANDRON		386 898-5230 at ()	PASSEE.
Name o	d Person	Area Code Daytime Telephone Number	2022 SEP 22 PM 3:51 SECRETARY OF STATE TALLAHASSEE. FL
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
Mailing Address Registration Division of C	Section Corporations	Street Address: Registration Section Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CASSIE LANDRON LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida I imited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{06/23/2022}{2}$ \_\_\_ and assigned Florida document number 1,22000285571 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 the abbreviation "LLC." 2420 TRANQUIL LN Enter new principal offices address, if applicable: DELTONA FL 32725 (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, enter the name 6F agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_. Florida Cin 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

1. 1. 1. 1.

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CASSIE LANDRON	2420 TRANQUII, LANE	□Add
		DELTONA FL 32725	■Remove
AMBR	CASSIE LANDRON	2420 TRANQUIL LANE	■Add
		DELTONA FL 32725	□Remove
			□Change
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		SOFT PROPERTY OF THE PROPERTY	
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Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of liling or more than Note:  If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	optional) 90 days after filing.) Pur rements, this date will	suant to 605,0207 not be listed as
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e ord is filed.	earlier of: (b) The 90	th day after the
Dated September 2nd 2022		
Signature of a member or authorized representative of a me	mber	····
Cassic Landon		

Filing Fee: \$25.00