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2022 JUL 18 AM 8: 04
SECRETARY OF STATE
ANASSEE FLORID!

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	H ELLIS EA Name of Lin	STERPOISES LLC	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
·	G	e -	202 SI
		RYAN ELLIS	2022 JUL 18 SECRETAR TALLAHASS
		/ Name of Person	NRY OF AM
	<u></u>	Firm/Company	
	3727 5	W SANTA BALB	ALA PLACE
	CAPE	City/State and Zip Code	314
	E-mail address:	(to be used for future annual report notific	CETTING COM
For further information co	oncerning this matter, please c	all:	
Rypo E	LUS	at 239) 834	- 2444 Telephone Number
Enclosed is a check for th	ne 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	5:	Street Address:	
Registration S Division of Co		Registration Sect	

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

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

RH ELLIS	ENTERPRISES L	ŁC_
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as It now appears on our r da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number 1220029431		9 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	NIA
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation	"LLC" or the ability Antion L.L.C."
Enter new principal offices address, if applicable:		JUL LAH
(Principal office address MUST BE A STREET ADD	RESS)	ASS ASS
		mo T
Enter new mailing address, if applicable:		8: 01 STATE CORNE
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>e</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, Florida
	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

Title	Name	Address	Type of Action
Ambr	JUDY W VEILLEUX	1464 WOODLAND CONE O	<u>EdE</u> 🗆 Add
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If amending any	y other information, enter change(s) here: (Attach additional s	heets, if necessary.)	
			
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Effective date, if	f other than the date of filing:	(optional)	
Note: If the date in	listed, the date must be specific and cannot be prior to date of filing or more that inserted in this block does not meet the applicable statutory filing requ	n 90 days after filing.) Pursuant to 605.02	207 (3 as th
document's effecti	ive date on the Department of State's records.	·	
e record specifies a rd is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the	earlier of: (b) The 90th day after th	ne
Dated	<u>-7/13/2022</u>		
	Signature of a member or authorized representative of a m	ember	
	Typed or printed name of signee		