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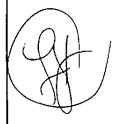
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	





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2023 MAR 10 PM 12: 33 SECRETARY OF STATE

COVER LETTER

ro:	Registration Section 5 Division of Corporations 7	1
SUBJE	CT: Absolute Comfort LLC Name of Limited Liability Company	
The enc	losed Articles of Amendment and fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning this matter to the following:	
	Joseph Sollers Name of Person	
	Absolute Comfort LLC Firm/Company	
	2175 Robert J Conlan blvd	
	NE Palmbay FL 32905 City/State and Zip Code Absolute Comfort 33@smail.com E-mail address: (to be used for future annual report notification)	
For furt	ner information concerning this matter, please call:	
	Name of Person at (321) 272-7833 Area Code Daytime Telephone Number	
Enclose	d is a check for the following amount:	
Z \$25	.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \$\Bigcup \$55.00 Filing Fee \$\Bigcup \$60.00 Filing Certificate of Status \$\Bigcup \$\text{certified Copy} & \text{Certified Copy} & \t	of Status &

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

11.0.0.11.0

MUSCIUTE COMPOST LL	<u></u>		_
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on c lability Company)	our records.)	
The Articles of Organization for this Limited Liability Company of Florida document number LZZ000Z944Z2.	were filed on <u>June</u>	21, 2022 and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
ν_{I}			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designa	ation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:	NIA		20
(Principal office address MUST BE A STREET ADDRESS)		TA.	23
			73. (m)
Enter new mailing address, if applicable:	NIA	HASSE	10 PH
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our record	ds, <u>enter the name of the</u>	new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida sti	reet address	
		, Florida	<u> </u>
	City	Zip Ce	xle
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>	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
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ve date, if other th	an the date of filing:	2-1-202		(optiona	1)
f the date inserted in	n this block does not me	annot be prior to date of the et the applicable statute	ing or more than 5	O days after filir ements, this da	g.) Pursuant to 6 te will not be li
ent's effective date o	on the Department of Sta	ite's records.			
specifies a delayed	effective date, but not a	n effective time, at 12:0	l a.m. on the ea	rlier of: (b)	The 90th day af
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