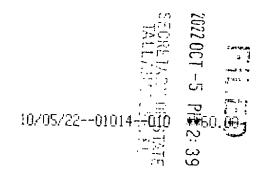
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	(Requestor's Name)
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Special Instructions to	o Filing Officer:





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A. BUTLER OCT - 5 2022

#### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: <u>Lau</u>	n Dady LC (Name of Limi	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter t	to the following:	
	Logon Kessil	nger	
		Name of Person	
		Firm/Company	<del></del>
	1/		
	160 cowas	Address	
	Quincy FL Logan Kessing	37352 City/State and Zip Code e - 64	COnication)
For further information co	ncerning this matter, please ca		
Loggo NESSing Name of	Derson	at (650) Z 74	-6-7-9-7 Telephone Number
Enclosed is a check for the	e 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:

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

0	F
(Name of the Limited Liability Compar	2022 OCT -5 PH 2: 40
The Articles of Organization for this Limited Liability Company	TALL VILLE STATE
Florida document number <u>L 22000300662</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

#### 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.

City

Zip Code

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>	Name	Address	Type of Action
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record spec I is filed.	ifies a delayed	effective date,	but not an	effective tim	ne, at 12:01	a.m. on the ea	rlier of: (b)	The 90th day	after the
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