## 122000306678

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## **COVER LETTER**

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

(Name of the Limited Liability Company	Cimited Ciabil	its compare
(Name of the Limited Liability Compan (A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number 122000306	were filed on 67/11	) DZZ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
	rs   U	2022 SEC
Enter new mailing address, if applicable:	<u></u>	SE SE
(Mailing address MAY BE A POST OFFICE BOX)		28 AH
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our records, <u>enter th</u> e	e name of the new registered
Name of New Registered Agent:	t	<del></del>
New Registered Office Address:	Enter Florida street address	
	, Florie	J.
	City , Florid	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 Man TEANETTA Braden Foly Mills AVE DANG JACKSONVILLY F/32/10 Remove \_\_\_\_\_ □Change 7014 MINS AVE GADO Mor Bruce Mal JACKSONVIlle, F1322 GREMOVE \_\_\_\_ Change Araba Teanetta Brandon FDIY mills AVE WAND JACKSONIII, FI 321 Remove Ambr Bace Neal FORLY MILLS PAIR YADD JACKSONILLY FIBRIL Remove □Remove

	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	- P/H
_	
_	
-	
<del></del>	
F. Granting	e date, if other than the date of filing: ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
(If an effect	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after a filing of page of the prior to date of filing or more than 90 days after a filing of the filing of
<u> </u>	are dute inscribe in this block does not meet the applicable statisfory filing requirements, this date will not be listed as a
document	t's effective date on the Department of State's records.
ho rooved s	
ord is filed	pecifies 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	09 September 2022
	, 100-
	_ Alles An
	Signature of a member or authorized representative of a member
	TEANETTA ROADO