L22000312861

(Requestor's Name)	
(,	Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	· ·
(Document Number)	
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2022 JUL 22 AM ID: 40

SECRETARY OF STATE
TALLANG SECRETARY



A. BUTLER JUL 22 2022

COVER LETTER

FO: Registration Sec Division of Corp			
SUBJECT:	House	•	4
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subr	mitted for tiling	
Please return all correspo	ndence concerning this matter t	o the following:	
	.303691	Name of Person	
		Firm/Company	71
	1578 Glein	NAME (IC	
	, 3 2 3 C.M. E.	Address	
	Diceville	FL 32578 City/State and Zip Code	
	E-mail address:	to be used for future annual report not	fication)
For further information c	oncerning this matter, please co	all.	
Toggeon (- 0\	11 (SC) \ 333. T	ረ ዓ ጽ 2
Name o	f Person	at (<u>\$50</u>) <u>333</u> Area Code Daytim	e Telephone Number
Enclosed is a check for t	he fallawing amount:		
S25.00 Filing Fee	□ \$30,00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60,00 Filing Fee.
•	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration		Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

Florida document number <u>L22000312801</u>. 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 "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 1528 Guenrate Cic Enter Florida street address New Registered Office Address: Niceville Florida 37578

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.

H 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
MGR	Snayna Cance	1528 GIENLAKE CIT	
		NICEVINE, FL 32578	⊟Remove
			□Change
Mc12_	Joseph Carrel	1528 Gienlare (ir	CXdd
		NICENILLE FL 32578	□Remove
			□Change
			□Add
			□Remove
			DChange
			🗆 Add
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12 (Foot)	vo data if other than the date of filing: (optional)
Note:	we date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b). The 90th day after the led.
Dated	7-22-22
	$\Omega_0 \approx 0$
	Signature of a member or authorized representative of a member Toscon Cartee Typed or printed name of signee

Filing Fee: \$25.00