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LUGBETARY OF STAIR

A. BUTLER SEP 19 2022



COVER LETTER

TO: Registration Solution of Con			
SUBJECT: A	Name of Lim	aducts LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	Stacey	Name of Person	
	Ace Mo	Firm/Company	_(
	3642	Allemwood S Address	
		ota, FL 34	
	<u>QCemod</u> E-mail address:	products 11 co	remail com
For further information of	concerning this matter, please co	ali:	
Stacey	Iden of Person	at 1 941 72 6 Area Code Daytime	-9316 Telephone Number
Enclosed is a check for t	he 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)

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

Street Address:

Registration Section Division of Corporations The Centre of Tallanassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	FILED
fame of the Limited Liabil (A Florid	lity Company as it now appe la Limited Liability Company	2622 SED +0
The Articles of Organization for this Limited Liability (7 22 2 SEE and assigned
amenament is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	e designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(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, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter F.	lorida street address
		, Florida
	Cin:	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Stacey L. Iden	3642 Allenwood St Sorasota, Fl 34232	_ EAdd
			_ □Remove
			_ Change
			_ 🗆 Remove
			□Add
			□Remove
			[]Change
			□Remove
			IChange
			□Add
			🖸 Remove
			□Change
			⊇∧dd
			Remove
			_ Change

I amene	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
 -	
	
- 	
	
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(If an effecti Note: If	date, if other than the date of filing: (options: A ve 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 605.0203 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used as affective date on the Department of State's records.
ne record 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	September 19 2022
	Signature of a member or authorized representative of a member
	Stacey Idem Typed or printed name of signee
	Typed or printed name of signee