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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Province Pr Name of Limi	COPLET GROW ted Liability Company	ep LLC
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Nicole	Name of Person	
	Province	Firm/Company	Group LLC
	6136	Whiskey Cr	eek Unit 506
	Fort My	IERS FL =	33919
	E-mail address: (t	OPPOUNCE on the second of the	property, net
For further information c	oncerning this matter, please ca	all:	
Name o	E M Jung	at (234) 722 Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$\$\$25.00 Filing Fee	S30.00 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

(Name of the Limited Liability Compan (A Florida Limited Li	y a) it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L DD (10032</u> .74)	were filed on $\overline{7-25-202a}$ and assigned 943
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 Liabilia	ty 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)	Wicole M King Le 136 Whistey Greek unit Fort Myers FL 33919 SOG
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
Maning duaress MAT DE ATOST OF TICE DOM	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	cole M king
New Registered Office Address: 6136	2 Whiskey Greek unit 50 Enter Florida street alldress
Fort 1	Myers Florida 33919 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 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
AMBR	Matthew C. Jantos	8971 Bayloune Loop	□Add
		8971 Baylowne Loop Fort Myers, FL 33908	Remove
			Change
			🗆 Add
			Remove
			□Change
			□Add
			□ Remove
			🗆 Change
			□Add
			□Remove
			□Change
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If an effecti Note: If t	e date, if other than the date of filing: Dept 2020 (optional) (optional) (ive 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 60 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list's effective date on the Department of State's records.	5.0207 ted as
e record s rd is filed.	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft d.	er the
Dated <u></u>	Sept 33 . 2024.	
	Mara /-	
	Signature of a member or authorized representative of a member	