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(/	Address)
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	WAIT MAIL
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(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporation

Division of Corporations



The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



Enclosed is a check for the 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 Taliahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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	AMENDMENT	
	FO ORGANIZATION	
	OKGANIZATION DF	
· · · · · · · · · · · · · · · · · · ·		
(Name of the Limited Liability Comp (A Florida Limited	LC pany as it now appears on our records. (Liability Company))
The Articles of Organization for this Limited Liability Compan Florida document number $L2200034224$	y were filed on <u>8377</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	<u>bility company here</u> :	
MA The new name must be distinguishable and contain the words "Limited Lial		or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	······································	
	<u> </u>	
		して 2023 王 王
Enter new mailing address, if applicable:	N("	
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered offic	a address on our records, enter t	he name of the new registered
B. If amending the registered agent and/or registered office address here:	e address on our records, <u>enter</u>	
Name of New Registered Agent: NY		
New Registered Office Address:	Enter Florida street address	
	Flo	orida
		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.

get in the second second

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 1	<u>Eype of Action</u>
MGR	MARK CIANCetta	108 Apple Bottom Dr	G⊡Add
		108 Apple Bottom Dr MCDONALD PA 15057	Remove
			_ 🗆 Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record 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 record is filed.

Dated <u>_</u> Signature of a member or authorized representative of a member ONICA Typed or printed name of signee