## Laa000348147

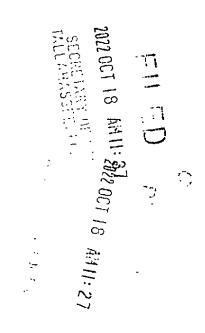
	(Requestor's Name)	<u> </u>
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	,	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions to	Filing Officer:	
· ·	D HORNE CT. 1, & 2022	
00	CT, 1.8. 2022	
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Office Use Only



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## **COVER LETTER**

TO: Registration Sec Division of Corp		at g	
SUBJECT: A	DC Prope Name of Lim	Sty Sol Little oited Liab lity Company	MS, LLC.
The enclosed Articles of A	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Aust	n Coleman	)
	ADC 7	Property Solut	tions
	13609	MAH PO	
	Hudso	City/State and Zip Code	2
	GUSCON E-mail address: (	eman 304 ll to be used for future annual report notif	GCMall, Cov
For further information co	oncerning this matter, please co	all:	
Name of	Person DUIS	at ( ) 558 Area Code Daytime	e Telephone Number
Enclosed is a check for the	e 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)
Mailing Address	<u>:</u>	Street Address:	

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

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

FILED

(Name of the Elimited Lightifity Company as it now appears on our records TALL AHASSEE. 11.
re Articles of Organization for this Limited Liability Company were filed on 8/8/2022 and assigned orida document number
is amendment is submitted to amend the following:
If amending name, enter the new name of the limited liability company here:
ter new principal offices address, if applicable:  -incipal office address MUST BE A STREET ADDRESS)
ter new mailing address, if applicable:
ailing address MAY BE A POST OFFICE BOX)
If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here:
Name of New Registered Agent: Austen Coleman
New Registered Office Address: 3 13009 White IRd  Emer Florida street address:  (Samc address)  Lid Sam. Florida 34607  Zap 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
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			□Add
			Remove
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<del></del>			□Add
			□Remove
		- <del>*</del>	□Change
			□Add
			□Remove
			□Chapar

D. It amending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)
<del>.</del>	
P. C.	iling: 10/18/27 (optional)
E. Effective date, if other than the date of f (If an effective date is listed, the date must be specific Note: If the date inserted in this block does r document's effective date on the Department	e and camfot be prior to date of tiling or more than 90 days after filing.) Pursuam to 605.0207 (3)(b) not meet the applicable statutory filing requirements, this date will not be listed as the
record is filed	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 10 / 8	2022  A A A A A A A A A A A A A A A A A A
Signature	of a member-of-anthorized representative of a member
Dia	Typed or printed name of signee

Filing Fee: \$25.00