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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KERRIE O REILLY LLC

56 ä

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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## ARTICLES OF AMENDMENT TO : ARTICLES OF ORGANIZATION OF

Kerrie O Reilly LLC		
(Name of the Limited Liz (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liabilit	ty Company were filed on 08/09/22	and assigned
Florida document number L22000350391	·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
A Whole New High LLC		
he new name must be distinguishable and contain the words "	"Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	2	
3. If amending the registered agent and/or regist		ne of the new registere
gent and/or the new registered office address her	<u>re</u> :	20
Managar & Manag Danisan and Amana		22 A
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
_	, Florida	772m Co. 18*
	City	

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Change
			□Add
			□Remove
			🗀 Add
			□Remove
			☐ Change
			□Add
		de adeministrativo	□Remove
			☐ Change
			□Add
			□Remove
		**************************************	□Change
		,	□Add
			□Remove
			∏Chanve

Si	gnature of a member or autho	rized representative of a me	mber	
Dated August 17	2022			
e record specifies a delayed effective ord is filed.			earlier of: (b) The 90th day	y after the
If an effective date is listed, the date must b  Note: If the date inserted in this bloe document's effective date on the Dep	e specific and cannot be prior k does not meet the applica	to date of filing or more than	90 days after filing.) Pursuant	to 605.0207 (2 be listed as th
Effective date, if other than the d	ate of filing:		(optional)	
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Filing Fee: \$25.00