	(Requestor's Name)
	(Address)
	(Address)
	(Nodicss)
_	
	(City/State/Zip/Phone #)
	_
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Dadinosa Littly Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	
	J. HORNE
	SEP 2 8 2022
	52. 3 5 2322

Office Use Only



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2022 SEP 28 PH 4: 07122 857 28 PM 3: 38

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	orations			
SUBJECT:	he Men	ed Liability Company	LC	•
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for tiling.		
Please return all correspor	ndence concerning this matter t	o the following:		
	· TAvion	Moort Name of Person		
		Firm/Company		
	2241 N	orth Monroe	5+ 5+e	108
	Tallyhasse	City/State and Zip Code Mocte & Gmail to be used for future annual report notifi	13	
	tavion /	Mocke & Gman	ication)	
For further information co	oncerning this matter, please ca			
Tavion /	Moolt f Person	at (<u>\$50</u>) 339 Area Code Daytim	-3\\O e Telephone Number	-
Enclosed is a check for the	ne following amount:			
⊕525,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Se		
Division of C P.O. Box 631	-	Division of Co The Centre of		
Tallahassee.			e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

O	F	2022 SEP 20 DU
(Name of the Limited Liability Compa-		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>08/09/</u> 7	2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company he <u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered

Name of New Registered Agent:

New Registered Office Address:

<u>10,55ee</u> Florida <u>32</u>

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:

or removed from our records:		
MGR = Manager AMBR = Authorized Member		
Water States	Address	Type of Actio

<u>Title</u>	<u>Name</u>	Address	Type of Action
·			
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			DAdd
			Remove
			□ Change
			□Add
			□Remove
			Change
			□Remove
		Change	

If amending a	ny other information, enter change(s) here: (Anach additional sheets, if necessary.)
 .	
	
Note: If the d	e, if other than the date of filing: [(optional)] te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a fective date on the Department of State's records.
he record specif ord is filed.	ies 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	9-28 2022
	Signature of a member or authorized representative of a member
	TAVION MOORE
	Typed or printed name of signee

Filing Fee: \$25.00