h22000355317

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A
Office Use Only



300392767683

08/22/22--01018--003 **25.00

SECRETARY OF STATE STORE TARY OF STATE STORE TARY OF STATE STORE S

1 JETVINIS NOV 07 2022

COVER LETTER

TO:

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 L.) (A F.)	LDD W LLC iability Company as it now appears or lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabili		12.2022 and assigned
Florida document number <u>L22000355</u>	721.4	
This amendment is submitted to amend the following	ıg:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company." the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our recor re:	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
<u> </u>		, Florida
	City	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

Title	<u>Name</u>	Address 1601 Lemon wood PD	Type of Action
MGR	REBECCA Sellers	Address The Lemon wood PD Saint Johns, FL 32259	XAdd
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
<u>.</u>			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	-							
		<u></u>		<u>_</u>				
				 -				
			 _			-		
			<u>_</u>					
=-			 -		<u> </u>	. —		
					 -	•		
								
	_				·		· 	
	_				<u> </u>			
								
	<u> </u>		_					
ctive date, if effective date is	other than listed, the date	the date of f must be specifi	iling: c and cannot b	pe prior to date	e of filing or more	(opti than 90 days afte	onal) r filing.) Pursuant	to 605.020
e: If the date in the control of the	inserted in this	s block does r	iot meet the	applicable s	tatutory filing re	quirements, thi	s date will not l	oe listed a
	To date on the	. госранитель	or orace 3 re	.cords.				
ord specifies a	a delayed effe	ctive date, but	not an effec	ctive time, a	t 12:01 a.m. on t	he carlier of: ()	o) The 90th da	v after th
filed.	-						,,, , ,	y arres an
\sim			_	- 0				
d_17uc	Just_	1 With	<u>20</u>	<u> </u>				
	1	200						
		S/gnature	of a member of	or authorized	representative of a	member		_