## Laacco355435

(Requestor's Name)	
	300392830383
(Address)	
(City/State/Zip/Phone #)	
	08/23/2201032001 **25.00
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	NE ANSSEEL PL
Office Use Only	4 8/23/2022

## COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Same of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Area Code Daytime Telephone Number Name of Person

Enclosed is a check for the 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)

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<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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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ARTICLES OF AMEN	DMENT
ТО	
ARTICLES OF ORGAN	IZATION
OF	
	2022 ALC 23 PH 12: 0
Suda N' Buda 1	17
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	appears on our records.)
The Articles of Organization for this Limited Liability Company were file	Ion 08 12 ZOZZ and assigned
Florida document number <u>L 220003555435</u>	
This amendment is submitted to amend the following:	
This amendment is subfinited to antend the following.	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compar-	iy," 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 address of	n our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
New Acgistered Office Address.	Enter Florida street address
	. Florida

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

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Title	<u>Name</u>	Address	Type of Action
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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.

August 2<sup>310</sup>, 2022. Manual Signature of a member or authorized representative of a member Rynn Ybrign Typed or printed name of signee . 2022. Dated \_\_\_\_

Filing Fee: \$25.00