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COVER LETTER

	Registration Section Division of Corporations
our me	RONALD C GODWIN III LLC
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Ronalde Godwin Ht
	Ronald C Godwin III LLC Pirm/Company
	117 KIWI PL NE
	Fort walton Beach, FL 32548 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
Rona	Name of Person at (850) 7-972563 Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
■ \$2 5.	00 Filing Fee \$\times

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

2022 SEP 12 PM 12 27

RONALD C GODWIN III LLC

(Name of the Limited Liability Company as it now appears on our records:)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	y were filed on 8/12/2022	and assigned
Florida document number L22000355933		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility 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:	e address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	is .
	, FI	orida Zip Code
	C.i.y	Zîp Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	RONALD C GODWIN III	117 KIWI PL NE	X Add
		117 KIWI PL NE Fortwalton Breach FL 32548	□Remove
		FL 32548	[] Change
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Filing Fee: \$25.00