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## **COVER LETTER**

TO: Registration Se Division of Cor			
CUD IEZT.	197 Lax	Roman CLOCKE	
SUBJECT:	Name of Lim	Breze CinclE ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Paul	Nf RAGU Name of Person	
		Name of Person	
	197	Lake Bacete Coacte Firm/Company	
		Firm/Company	
	746	1 Colonias CT	
		1 Colonias CT Address	·
	5.	weno FL. 32771	
		City/State and Zin Code	
	E-mail address: (	City/State and Zip Code  Co G Hor Mail Com to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
Paul Con	၇၈ ရှလဝ	at ( <u>407</u> ) <u>399 - 4.</u> Area Code Daytime	506
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
<b>4</b> 3300000	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	-
Registration S Division of C		Registration Sect Division of Corp	
		=	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

160 1.00

197	TAIR BLEEZE CACIE
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	oility Company were filed on August 15 2072 and assigned
Florida document number <u>L 22600 356</u>	<u>856</u>
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	he limited liability company here:
147 LAI	HBARRE CHELLC
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET	ADDRESS)
	SECRETARIAN TI
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	
	2X)
	$\sim$
B. If amending the registered agent and/or reg	istered office address on our records, enter the name of thonew registered
agent and/or the new registered office address	here:
Name of New Registered Agent:	7461 Colon, n. CT Enter Florida street address
New Registered Office Address:	7461 Coloning Ci
	Enter Florida street address
	SANFOND, Florida 32771  City Zip Code
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
RA	INC Authority	340 NORTH ORANGE AJE	🗆 Add
		STE 2300-N	PRemove
		ORIANDO FL. 32001	□ Change
			DAdd
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			□Remove
			□Change

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an effective date ote: If the dat	if other than the date of filing:  e is listed, the date must be specific and cannot be prior to date of filing or more the inserted in this block does not meet the applicable statutory filing sective date on the Department of State's records.	
record specifie is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. or	the earlier of: (b) The 90th day after the
ited	7/27/23.	
	1/01/2	
	Signature of a member or authorized representative of	f a member