

Electronic Filing Cover Sheet

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(((H230000199183)))

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	Division of Co	
	Fax Number	: (850)617-6383
From:		
	Account Name	: LEGALINC CORPORATE SERVICES INC.
	Account Number	: 120180000011
	Phone	: (844)386-0178
	Fax Number	: (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 20151720 LLC

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Page Count	03
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF ///H23000019918 3\\\

20151720 LLC					
(<u>Name of the Limited Liability Comp</u> (A broad Limited	i <u>ny as it now appears on our records.</u>) Liability Company)				
The Articles of Organization for this Lumited Liability Company	were filed on <u>08/19/2022</u>	and assigned			
Florida document number 1.22000366594					
This amendment is submitted to amend the following.					
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the designation "LLC" of th	e abbreviation "L L C "			
	36466 US 19				
Enter new principal offices address, if applicable:	D.J., H., P.J. 26.81				
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·				
	·	022			
Enter new mailing address, if applicable:	36466 US 19	JAN PAR			
(Mailing address MAY BE A POST OFFICE BON)	Palm Harbor, FL, 34684	7			
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the n</u>	ame of the By registere			
agent and/or the new registered office address here:					
Name of New Registered Agent:	,,				
New Registered Office Address:					
	Enter Florida street address				
	, Florida				

Cin

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

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Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = - M AMBR - A	lanager .uthorized Member	(((H23000	019918 3)))	
Title	<u>Name</u>		Address	Type of Action
			<u> </u>	(I) Add
				Filemove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Effective date, if other than	the date of filing:		lanti	00.00		
(If an effective date is listed, the dat	e must be specific and canno	t he prior to date of filing	or more than 90 days after	filing.) Pursuant to 601	5.0207 (3 <u>x</u> b)	
Note: If the date inserted in th	is block does not meet th	ie applicable statutory	filing requirements, thi	s date will not be list	ied as the	
document's effective date on t	te Department of State s	recorus.				
he record specifies a delayed eff ord is filed.	ective date, but not an eff	fective time, at 12:01 a	i.m. on the earlier of: (b	The 90th day after a first state of the second state of the se	ir the	
January, 1st	202	23				
Dated	···					
	A	Car &				
<u> </u>	Signature of a membe	r or authorized represent	nuve of a member			

Filing Fee: \$25.00

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2114 Piparo Typed or printed name of signee

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