122000367802

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

Office Use Only



400396447334

LLC Amena

10/78/28 -01009 -004 ** 30.00

2022 OCT 28 AM 10: 37 2022 OCT 28 AM 10: 29

A. RAMSEY OCT 2 8 2022

COVER LETTER

TO: Registration Sec Division of Corp		•	
SUBJECT:	2 Biz M	lawi ne	
30b0EC1:E	Name of Limi	ted Liability Company	_
		\rightarrow	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Latorya	Name of Person	
		Firm/Company	_
	247.1	Nuget line	_
	Tallahas	See 71. 3230.3 City/State and Zip Code	
	E-mail address: (t	City/State and Zip Code To Ryca 423 (a) a mail. Co o be used for future annual report notification)	<u>~</u>
For further information co	ncerning this matter, please ca	ılı:	
1 1			
Lintorya	Such	at (U16) 760-013	1
Name of	Person	Area Code Daytime Telephone Num	iber
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif) Filing Fee, icate of Status & ied Copy onul copy is enclosed)
Mailing Address		Street Address:	
Registration S		Registration Section	
Division of Co P.O. Box 6327	•	Division of Corporations The Centre of Tallahassee	
Tallahassee, F		2415 N. Monroe Street, Suite	e 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	y as it now-appears on ability Company)	our records.)	
The Articles of Organization for this Limited Liability Company of Florida document number <u> </u>	were filed on <u> </u>	7 Z Z and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	y Company," the design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			~ <u>2</u>
(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:	ddress on our reco	ds, enter the name of the new registe	7 28 M 10: 37
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	teast address	
	Smer Furida 3		
	City:	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			

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>	Name	Address	Type of Action
MCR	Laturya Buch	2421 Nugget line	
		Tallahassee 71 3230	5□Remove
			Change
AP	Charge Corner	545 Suth 9th short	□Add
		Dainey 71. 32351	ØRemove
			Change
AMBR	Myeshia Miller	3604 Timbrainel	□Add
	·	Cifile, Rosnell CA 301	<u>∏</u> □Remove
			(2 Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
		<u> </u>	🗀 Change
			🗆 Add
			□Remove
			□Change

_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
ffectiv	e date, if other than the date of filing:
an effec lote: [f	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 603,021 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
locumer	nt's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
l is file	3.
	10100/02
Dated _	10/20/20/20
	(51)
	/10M2X 17AU
	/ Signature of a member of authorized representative of a member
	Signature of a member of author/201 representative of a member

Filing Fee: \$25.00