## 368662

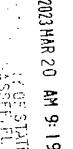
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Only) States Exp. Trend in					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
· <del></del>					
Special Instructions to Filing Officer:					

Office Use Only



900404082149

5/10/23 VW



FILED 2023 HAR 20 AM 9: 19

## **COVER LETTER**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited	Liability Company a	s it now appears on our	records.)		
The Articles of Organization for this Limited Liab	_	re filed on <u>8 - 2</u>	) <u> </u>	and assi	gned
Florida document number L220031	30(0/0eX				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liability	company here:			
The new name must be distinguishable and contain the wor	Property	ompany," the designation		bhreviation "L.I	C.
Enter new principal offices address, if applical	ole:	<del></del> _			
(Principal office address MUST BE A STREET	ADDRESS)		-		
	_		<u>:</u>	<u> </u>	
			ī	HAR	
Enter new mailing address, if applicable:			:	₹ 20 1 (1)	
(Mailing address MAY BE A POST OFFICE B)	- OV)			<u>8-≺</u> 0/⊆ <b>3&gt;</b>	П
(Mulling dataress MAT BE A FOST OFFICE b)	<u></u>	<del></del> _		The DE	
	_		·	155 <b>-</b>	
B. If amending the registered agent and/or regagent and/or the new registered office address		ress on our records.	, enter the nar	丽 of the new	registered
Name of New Registered Agent:	Dow	Morris	<u>.</u>		
New Registered Office Address:	_1350	Emar Florida stree	S A J (	2	
	Chipl	City	, Florida	3243 Zip Code	8

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
			\_\_\_\ \_\_\
		<del> </del>	□Remove
			Change
			DAdd
			□Remove
			-
			\Add
			□Remove
			Change
			\ \ \ \ \ \Add
		-	□Remove
			□Change
	<del></del>		□Add
			□Change
			□Add
			□Remove
			ПС

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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.

Filing Fee: \$25.00