122000375118

(R€	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	}

Office Use Only





300394802383

09/28/22--01011--015 **25.00

22 SEP 26 PH 12: 53

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	1HIC DICAM Name of Lim	CIS SICOP COC	ach_	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	<u> </u>	Name of Person		
		Firm/Company		
	13707 8	XUTICA Lane		22 SEP
	Welli	naton FL 33414 City/State and Zip Code		22 SEP 26 PH 12: 53
	LHICARCOMC E-mail address: (^	all.com	12: 5 3
For further information co	oncerning this matter, please c	all:		
MICOLE Name of	Carroll Person	at (<u>203</u>) <u>885 · 37(</u> Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne following amount:			
S\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en	tus &
Mailing Address Registration S	Section	Street Address: Registration Sect		
Division of C	orporations	Division of Corp	orations	

P.O. Box 6327 Tallahassee, FL 32314

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 (A Florida	Y Company as it I Limited Liability	DO COmpany)	records.)		
The Articles of Organization for this Limited Liability Co. Florida document number <u>L22(XX)3751\8</u>	ompany were fi 	led on <u>8-25</u>	22	_ and assign	ed
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limi	ted liability co	mpany here:			
The new name must be distinguishable and contain the words "Limi	ited Liability Com	pany," the designatio	n "LLC" or the abbr	eviation "L.L.C	-
Enter new principal offices address, if applicable:		· ·	· 	2 =	<u>.</u>
(Principal office address MUST BE A STREET ADDR	<u></u>			ABS ABS	
Enter new mailing address, if applicable:				25 PH 12:	
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	address Nicole	on our records,	enter the name	of the new ro	egistered
	12707	Caralion	1000		
New Registered Office Address:	_12701_	Enter Florida stree	address		
	Wellingt	<u> </u>	Florida <u> </u>	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Ryan Carroll	13707 Exotica Lane	Ċ Ş∕ Add
		Wellington FL 33414	Remove
			🗆 Change
			□Add
			□Remove
			Change Change Change Change
			PAdd > -
			Remove 53
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

				 		
				·		
						(
						171SIK 22 SI
		·				2 4.7 CP 2
_		•				6 PK
						25 E
						- स
						
			. .			
		 				
ffective date, if other than an effective date is listed, the date to the date. If the date inserted in this ocument's effective date on the	must be specific at s block does not	nd cannot be prio meet the applic	cable statutory f	r more than 90 day	optional) s after filing.) Pur s, this date will	suant to 605.02 not be listed
bedfield s effective date off in	e Department of	State's records	,			
record specifies a delayed effe I is filed.	ective date, but no	ot an effective t	ime, at 12:01 a.	m. on the earlier	of: (b) The 90	th day after th
ated <u>September</u>	14_	. 2022	<u>-</u>			
	h hind	CON	udl			
	Signature of a	member or auth	orized representa	ive of a member		