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A. RAMSEY SEP -8 2022

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUB-USOT	Grassen UN4n	1/2	
SUBJECT:	Name of Lin	nited Liability Company	
The anchored Article	es of Amendment and fee(s) are sul	bmitted for filing.	
	respondence concerning this matter		
	Chr	les H Clay ()	
		Firm/Company	
	10711 Sm	- 53 rd Cialo	
	Ocala Fl	Address 34474 City/State and Zip Code 744 @ Qyne 1 . (cm (to be used for future annual report notif	
		City/State and Zip Code	
	E-mail address:	1744 @ gine 1. (cm	ication)
For further informati	tion concerning this matter, please	call:	
Charles Na	Clay	at (323) 1H0 ~ Daytime	277(Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fo	Gee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ao</u> Registrat	ddress: tion Section	<u>Street Address:</u> Registration Se	ction
Division	of Corporations	Division of Cor	porations
P.O. Box	x 6327	The Centre of T	ananassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION \mathbf{OF}

FILED

mnn SEP -8 PM 12 43

UNUMERL	LC.		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our bility Company)	records.) + [*	. /LE -1
he Articles of Organization for this Limited Liability Company we			
lorida document number <u>L2200038230</u> Lo			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liabilit	ty company here:		
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation	n "LLC" or the al	obreviation "L.L.C."
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
inter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	 ,	<u>.</u>	rw v
3. If amending the registered agent and/or registered office ad	aress on our records,	enter the nan	ie of the new regi
gent and/or the new registered office address here:			
gent and/or the new registered office address here:			
gent and/or the new registered office address here: Name of New Registered Agent:			
Name of New Registered Agent:			
	Enter Florida street	I address	
Name of New Registered Agent:	Enter Florida street		··
	Enter Florida street City	address , Florida	Zip Code

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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
AMBR	Charles H Clay 11	10711 Sw 53° Circle	D Ádd
		Dada F1 34476	□Remove
			□Change
	<u></u>		□Add
			□Remove
			□Change
			□Add
		<u></u>	□Remove
			□ Change
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			□Remove
			∏ Change

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Signature of a member or authorized representative of a member		
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Filing Fee: \$25.00