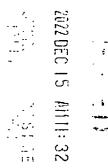
## L22000389188

(Requestor's Name)	
(Address)	9003989
(Address)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	J. 18.1. C.C.
Certificates of Status	J. 5.2. 137
Special Instructions to Filing Officer:	
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A. BUTLER DEC 15 2022

## COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: SPOT	e Change Name of Libit	PionShip La ed Liability Company	in Care
The enclosed Articles of A	mendment and fec(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Corina	Rame of Person	
	Fete Ch	anjan Ship	Laun Care
	15330 B	webuck D	
	Jacks	nville, Fl	32234
	E-mail address: (i	City/State and Zip Code  On the	COM
For further information co	oncerning this matter, please ca	all:	
Corina Name of	Buck	H4, 108	2-318 ( e Telephone Number
Enclosed is a check for th	e following amount:		
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mallian Address	e.	Street Address:	

Mailing Address: 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

3Pole Champion Shape of the Limited Liability Company: (A Florida Limited Liab	ility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L. 22003</u>	The filed on $9 \cdot 6 \cdot 2022$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Company," the designation "L.L.C" or the abbreviation "L.L.C.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Mew Registered Office Address:  Mew Registered Office Address:	dress on our records, enter the name of the new registered  L BUCK JY  BUCK DY  Enter Florida street address  Ville Florida  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 added or removed from our records:

MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			☐ Change
			□ Add
			Remove
			Change
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			□Remove
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			⊒Remove

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n effe ste:	ve date, if other than the date of filing:
rcord is file	I 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
ted_	Dec 15/m 2022
	Cong wood
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00