## L22000407864

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiliess Ellis, Fellie)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5782 S 38th St	LIC	<u> </u>
(Name of the Limited Liability Company as it now appropriate (A Florida Limited Liability Company)	y)	
The Articles of Organization for this Limited Liability Company were filed on lorida document number 220040 7864	9/10/22	l assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	here:	
he new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the abbreviation	on "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		76
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nter new mailing address, if applicable:		13
Mailing address MAY BE A POST OFFICE BOX)		<del></del>
	<u> </u>	<u>-</u>
	[16	
B. If amending the registered agent and/or registered office address on or agent and/or the new registered office address here:	ur records, <u>enter the name of th</u>	e new register
Name of New Registered Agent:		
New Registered Office Address:  Enter	Florida str <del>eet</del> address	
	, Florida	
City		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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Best Pappi Lic	381 Lavier DR	<b>5/</b> Add
		381 Lavier Dr Palm Springs FL 33461	□Remove
		33461	Change
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	other than the listed, the date mus inserted in this bl	m ka amanifin and	CONTRACT DE CITICA	to date of filing	or more than 90 filing requirem	days after filing.)	Pursuant to vill not be
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cord specifies a s filed.	a delayed effectiv	ve date, but not	an effective t	mic, at 12:01 a	.m. on the earl	or. (o) The	
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Filing Fee: \$75 0

## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	orations					
SUBJECT:	5782 S Name of Limit	38 <sup>th</sup> St L/c				
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.				
	dence concerning this matter to					
ricase return an correspon						
	Str	Name of Person	<u>}</u>			
	578	2 S 38th St LIE!	ביי שמש ביי			
	381	Lavier Dr	F;; 3:45			
	_	Address	55			
	Palm !	Spring FC 33461  City/State and Zip Code  La & bell South . Net to be used for future annual report notification)				
		City/State and Zip Code				
	E-mail address: (t	to be used for future annual report notification)				
For further information co	oncerning this matter, please ca	all: 596-6571				
Steven	North	at ( )				
Name of	Person	Area Code Daytime Telephone Number				
Enclosed is a check for the	ne following amount:					
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is en	atus &			
Mailing Addres		Street Address: Registration Section				
Registration Section Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303