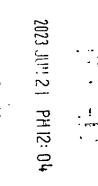
## 122000422304

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A. PARISHANI

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	CONOR AN	D CONOR LLC	
	Name of Lim	ited Liability Company	20
			23 J
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	2023 JUH 21 PH 12: 04
Please return all correspo	ondence concerning this matter	to the following:	
			· <u>I</u>
	<u>Isaio</u>	Name of Person	211
	<del></del>	Firm/Company	
	1613 sie	epy Hollow	dr.
		1	•
	pearland	City/State and kip Code	3 \
	E-mail address: (	to be used for future annual report not	ification)
For further information e	oncerning this matter, please c	all:	
۸		831 70	10
Name o	hitchell (Person	at (83 &) 515 Area Code Daytim	re Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	2 \$30.00 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)
Mailing Addres		Street Address:	
Registration S		Registration Se	
Division of C P.O. Box 632	=	Division of Co The Centre of T	-
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF CONOK The Articles of Organization for this Limited Liability Company were filed on $\mathcal{O}^{\mathbb{Q}}$ Florida document number 122000422304 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	uddress
		_, Florida
	City	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 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>	<u>Address</u>	Type of Action
MGR	LONOR LEROSE	135 LOUISE OR	🗆 Add
	·	Crestview FL 32536	Remove
			□Change
AMBR	Isaiah Mitchell	1613 Steepy Haland A	<b>Z.</b> DAdd
		Pearland TX 77581	□Remove
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rective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of te: If the date inserted in this block does not meet the applicable statu cument's effective date on the Department of State's records.		ng.) Purs	
ecord specifies a delayed effective date, but not an effective time, at 12 s filed.	:01 a.m. on the earlier of: (b)	The 90t	h day after the
cd 16th of June, 2023.			