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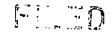
COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: POS	shey healty	tted Liability Company	·
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Tyle	Name of Person hey hearty LLC Firm/Company	
	Pass	hey healty LLC	
	1107 Homesh	ad Ad N Swite 2	1
	Lenign Acre	S : FL 33936 City/State and Zip Code	
	E-mail address: (to be used for future annual report noti:	fication)
For further information con	neerning this matter, please ea	all:	
Tyler True Name of	Person	at (239) 850 - O Area Code Daytime	COO2 e Telephone Number
Enclosed is a check for the	following amount:		
☐ \$25.00 Filing Fee	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)
N4-212 A.4.4		2	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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 OF



2023 MAR - 3 PH 1: 29

Passkey Realty				
	(Name of the Limited	l Liability Company as it now appea V Florida Limited Liability Company)	ars on our records.) - TA	ALL LILLSEE, FL
The Articles of Organization	for this Limited Lia	bility Company were filed on _	10/03/2022	and assigned
Florida document nu mbe r _	L22000424786	.		
This amendment is submitte	d to amend the follow	ving:		
A. If amending name, ente	r the new name of t	the limited liability company h	<u>iere</u> :	
The new name must be distinguish	nable and contain the wor	rds "Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices	address, if applical	ble:		_
(Principal office address M	<u>UST BE A STREET</u>	(ADDRESS)		
Enter new mailing address	, if applicable:			
(Mailing address MAY BE)	<u> 4 POST OFFICE B</u>	<u>OX)</u>		
			·-	
D 15				
B. If amending the register agent and/or the new regist		gistered office address on our l here:	records, <u>enter the na</u>	ime of the new register
Name of New Regi	stered Agent:			
New Registered Of	Tice Address:			
<u></u>		Enter Flo	orida street address	
			, 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>	Name	Address	Type of Action
MGR	Holly Wolfer		□ Add
		1107 Homestead Rd NSvite 27 Lehigh Acres, FL 33936	∑ Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			🖾 Remove
			□Change
			□Add
			□Remove
			□Change
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i eii <u>te:</u>	ive date, if other than the date of filing: \[\frac{10-23}{(000000000000000000000000000000000000
um	ent's effective date on the Department of State's records.
cor	d 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 ed.
cor s fil	d 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 ed.
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ecor s fil	ed.

Filing Fee: \$25.00