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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

## TO: Registration Section Division of Corporations

 $(\underline{})$ SUBJECT Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person Firm/Company Address State and Zip Code nail.com to be used for future annual report notification) E-mail address:

For further information concerning this matter, please call:

Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

\$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)

<u>Mailing Address:</u> 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

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OF		
( <u>Name of the Limited </u>	<u>extain ment</u> L.L. <u>ability Company</u>	<u>.                                    </u>
The Articles of Organization for this Limited Liability Company w	vere filed on Athr OG202	A and assigned
·		<u>27</u> and assigned
Florida document number <u>LAAUOD43263A</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
	nment L.L.C	
The new name must be distinguistibile and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abb	reviation "L.L.C."
	LIDTO ONHIST	CLIZ
Enter new principal offices address, if applicable:	<u>-7410 04 01.</u>	$\overline{000}$
(Principal office address MUST BE A STREET ADDRESS)	Lehigh ACTES +	<u> </u>
	<u>J 33479</u>	
to a state of the Marketon		
Enter new mailing address, if applicable:		No T
(Mailing address MAY BE A POST OFFICE BOX)		
		N C
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name</u>	<u>: of the new registered</u>
Name of New Registered Agent:		······
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	, turnu	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 fitle, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

2( Drev Dated 0 Signature of a member or authorized representative of a member lennisor yped or printed name of signee