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COVER LETTER

Division of Co			
SUBJECT: <u>Cu</u> S	stam Dack Name of Lim	- Lint LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Timothy	Phillips Name of Person	
	Michelle	Butter CPA Firm/Company	PA
	5282 G	Address FL 34116 City/State and Zip Code	2022 DEC 27 PM 2: 3
For further information c	E-mail address: (to be used for future annual report noti	fication) 7. 2. 5.
Name c	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	-	F2 C55 00 UY F 9	□ \$60.00 Filing Fee,
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
		5 1 1	
Mailing Address Registration 9 Division of C P.O. Box 632	Section Corporations 17	Street Address: Registration Se Division of Cor The Centre of T	porations Fallahassee
Tallahassee, I	r に 32314	2410 IN. MONTO	e Street, Suite 810

Tallahassee, FL 32303

A. A smeidingamme, enter hie ness mit me ee	Holged had the con a color		
	CLES OF AMENDMEN	IT	
good and murtost represent a contract	ijed TO (e. 1		•
ARTICI	LES OF ORGANIZATI	ON	
'	OF ***		
Custom Dack	+ Lif+ LLC	on our records)	_
(A F	iability Company as it now appears of lorida Limited Liability Company)	on our records.)	
here rew mailing a dress, to provide		1 1	
The Articles of Organization for this Limited Liabil	ity Company were filed on 10	110 22 and a	assigned
Florida document number 12200043	1307		
This amendment is submitted to amend the following	ng:		
P. Camending to egistered a jert me.	Taillie duress and	11.1	. 2 .
A. If amending name, enter the new name of the	: limited liability company here	· ·	
		at the state of th	n : C"
The new name must be distinguishable and contain the words	"Limited Liability Company," the desi	-1	ž
Enter new principal offices address, if applicable	<u></u>	: : :	
(Principal office address MUST BE A STREET A.	DDRESS)		ر معد
	<u></u>		
		<u> </u>	
Enter new mailing address, if applicable:	4.5%)	: 'ሩ ጣዥ:	
(Mailing address MAY BE A POST OFFICE BOX	V) (20)	Ţ.	
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and the second of the second o			
B. If amending the registered agent and/or regis	tered office address on our rec	ords, enter the name of the r	new registered
agent and/or the new registered office address he	ere:		•
Name of New Registered Agent:	Government Region ()		
			
New Registered Office Address:	Enter Florido	a street address	
_	City	, Florida Zip Coc	de
New Registered Agent's Signature, if changing Regis	•	·	
		5. I.C. d	
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a	zent and agree to act in this ca and complete performance of m	pacity, I further agree to con w duites, and I am familiar v	mpty with the with and
accept the obligations of my position as registered	ed agent as provided for in Ch	apter 605, F.S. Or, if this do	ocument is
being filed to merely reflect a change in the regi-	stered office address, I hereby	confirm that the limited liab	oility
company has been notified in writing of this cha.	nge.		
•			

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
AMBR	Timothy Phillips	10920 Amity Rd	□Add
	·	10920 Amity Rd Naples, FL 34114	XRemove
			□Change
		11 	DAdd
			20 DEC
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			Planting 31
			□ □ Remove
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·			2: 3
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ective date, if	other than the date of f	iling: \\-\-2Z	(optional)
te: If the date i	listed, the date must be specifi nserted in this block does r ve date on the Department	not meet the applicable statutory filing re	than 90 days after filing.) Pursuant to 605.020 equirements, this date will not be listed a
cord specifies a s filed.	delayed effective date, but	t not an effective time, at 12:01 a.m. on t	the earlier of: (b) The 90th day after the
ed <u>V</u>	7 22		
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ls	mosty /	of a member or authorized representative of	

Filing Fee: \$25.00