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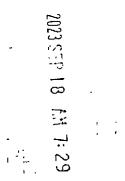
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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J 9/29/2033

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:		non-Outdoor services LLC		
Soldie 1.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Jonathan Taboada		
			Name of Person	
		ZenBusiness INC		
			Firm/Company	
		336 E. College Ave Suite	301	
			Address	
		Tallahassee, FL 32301		
		······································	City/State and Zip Code	
		fulfillment@zenbusiness.co	om	
		E-mail address: (	to be used for future annual report no	otification)
or further in	nformation c	oncerning this matter, please ca	all:	
c/o ZenBus	iness INC		844 493-6249 at ( )	
	Name o	f Person	Area Code Dayt	ime Telephone Number
nclosed is a	check for th	ne following amount:		
<b>■ \$25.00 E</b>	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)
Rep Div P.C	iling Addres gistration S vision of C D. Box 632 lahassee, I	Section orporations 7	Street Address: Registration S Division of C The Centre of 2415 N. Mon	orporations Tallahassee roe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		2023 SIP 18 AM 7:	29
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)	
he Articles of Organization for this Limited Liability Corida document number L22000440873	Company were filed on <u>09/08/202</u> 3	10/12/2022 and assigne	ed .
his amendment is submitted to amend the following:			
If amending name, enter the new name of the lim	ited liability company here:		
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C.	••
nter new principal offices address, if applicable:		<del></del>	
Principal office address MUST BE A STREET ADDI	RESS)		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registere	d office address on our records,	enter the name of the new re	giste
gent and/or the new registered office address here:			
gent and/or the new registered office address here:  Name of New Registered Agent:			
Name of New Registered Agent:		<u></u>	
•	Enter Florida street	uldress	
Name of New Registered Agent:	Enter Florida street	address . Florida	
Name of New Registered Agent:	Enter Florida street City		
Name of New Registered Agent:	City	, Florida	

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>	<u>Name</u>	Address	Type of Action
AMBR	Jessica Trynay Brown	580 HILLVIEW DRIVE B2	□ Add
		Altamonte springs , FL 32714	■Remove
		US .	□Change
F-47-0000		·	□Add
			□Remove
			Change
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ctive date, if other than t effective date is listed, the date r e: If the date inserted in this ament's effective date on the	block does not mee	et the applicabl	date of filing or more statutory filing	(option te than 90 days after f requirements, this	nal) iling.) Pursuant to 605.02 date will not be listed
ord specifies a delayed effectiled.	ive date, but not an	ı effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
ed	,	2023			
/s/Gregory Lee Morm			ed representative o		