L22000441927

(1	Requestor's Name)	
(,	Address)	
(.	Address)	
(4	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
(1	Document Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to F	Filing Officer:	
	J. HORI NOV - 1	

Office Use Only



000396713750

11/11/22--01993--003 **25.00

2022 HC1 - 1 PH 4: 48 2022 NO

48 2022 NOV -1 PH 4:52

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Patricial Liability Company 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:
Patricle Michel Name of Person
Firm/Company
5633 old Middleburg ed 5
Jack Son Ville, Fl 32202 City/State and Zip Code
E-mail address: (46 be used for future annual report notification)
For further information concerning this matter, please call:
Petr Hronul, VIII at (GUU) 335-U205 Name of Person Afea Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

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

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

í	:	r	
	į.,		

	1 .		2022 NOV	-1 Fr. 1 - 112
(Name of the Limited I.	iability Compan	Shus y as it now appears o	SECRETA n our records!) AHA!	<u>RY 05 5</u> 1. SSEE, 51 ()
The Articles of Organization for this Limited Liabil	lity Company v	were filed on(112/302	and assigned
Florida document number L 22000	144192	7		
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liabil	ity company here	• •	
The new name must be distinguishable and contain the words	"Limited Liabilit	ty Company " the deci	unation "I I C" or the a	hasolistica of 1 C "
		ry Company, the desig	ghadon lee of the a	objeviation E.E.C.
Enter new principal offices address, if applicable				
<u>(Principal office address MUST BE A STREET A</u>	DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>			
B. If amending the registered agent and/or regis		ddress on our reco	ords, enter the nan	ne of the new registered
agent and/or the new registered office address no	<u>еге</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida	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
AMBIL	Patrick Michel	5633 old Middlebus Jakksmulle, FC 3222	JOHADO
		Jakksnville, FC 3222	<u> </u>
			🗆 Change
٠			□Add
			□ Remove
			Change
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			🗆 Change
			DAdd
			□ Remove
			□Change
			□Remove
			□ Change

•	
_	
_	
_	
_	
_	
_	
	· · · · · · · · · · · · · · · · · · ·
_	
_	
_	
_	
_	
_	
(If an effe Note:	ve date, if other than the date of filing:
he record ord is file	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 d.
Dated _	11/1/2022
	Patrick Michel Signature of a member or authorized representative of a member
	Patrick Michel Typed or printed name of signee