## L22000 443868

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## **COVER LETTER**

TO:

TO: Registration Secti Division of Corpo				
SUBJECT: All C	rond Storm	n <u>Solutions</u> Contains	200	
	,			
The enclosed Articles of Ar	nendment and fee(s) are subm	itted for filing.		
Please return all correspond	ence concerning this matter to	the following:		
	Dimmy 7	Name of Person		
		Firm/Company		70)
	529 East 5th	ate Road 44  Address		1073 (107.21
	wildward Fo	2 34785 City/State and Zip Code  3 M. H. COM  The used for future annual report notifi		<u>, , , , , , , , , , , , , , , , , , , </u>
	54) demiridere Od E-mail address: (N	Jobe used for future annual report notifi	cation)	. 22
For further information co	ncerning this matter, please ca	di:		
Jimmy Dany Name of	Inicia e Person	at (352) 303-02 Area Code Daytime	CG 4/ Telephone Number	
Enclosed is a check for th	e 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)	
Mailing Addres Registration S		Street Address: Registration Sec		
Division of C P.O. Box 632	orporations	Division of Cor The Centre of T	Tallahassee	
Tallahassee,		2415 N. Monro Tallahassee, FL	e Street, Suite 810 _ 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number <u>L22 00044:3868</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

Title	<u>Name</u>	Address	Type of Action
AMBr	Derrick Kehoe	985 Caribou way	□Add
		The Villages FL 32162	Remove
			🗆 Change
	<u></u>		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
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If ame	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
he reco ord is f	rd 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 led.
Dated	10/21/2022
	Signature of a member or authorized representative of a member
	Jimmy Dandrida P Typed or prival name of signee

Filing Fee: \$25.00