L22000447633

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP		MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Filir	ng Officer:	
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	P.O. Box 37	236 East 6th Avenue. Tallahassee, Florida 32303 Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666	
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、	ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF	FILED 2022 NOV-4 AM 9:42
5714 FOREST BEND DR. LI	LC	THE PART OF ST
(Name of the	Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	SEANCIANT OF STATE TAILAHASSEE, FL
The Articles of Organization for this Limi Florida document number <u>L22000447633</u>	ted Liability Company were filed on 10/19/2022	
This amendment is submitted to amend the	e following:	
A. If amending name, <u>enter the new na</u>	me of the limited liability company here:	
The new name must be distinguishable and contain	n the words "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if a	pplicable:	
(Principal office address MUST BE A ST	TREET ADDRESS	
Enter new mailing address, if applicable	e:	
(Mailing address MAY BE A POST OFF	TICE BOX)	
B. If amending the registered agent and agent and/or the new registered office ad	l/or registered office address on our records, <u>en</u> ddress <u>here</u> :	iter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
		, Florida 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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Charles D. Corson	8333 DOUGLAS AVENUE	🗐 Add
		SUITE 1500	🗆 Remove
		DALLAS, TX 75225	□Change
			🗆 Add
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		· · · · · · · · · · · · · · · · · · ·	🗆 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 <u>Note:</u> If the date inserted in t 	n the date of filing:	(optional) 90 days after filing.) Pursuant to 605.0207 (3) rements, this date will not be listed as the
the record specifies a delayed ef cord is filed.	fective date, but not an effective time, at 12:01 a.m. on the e	arlier of: (b) The 90th day after the
Dated NOVEMBER 3	2022	
/s/ Brett Lang		
	Signature of a member or authorized representative of a mer	mber
BRETT LANG		
	Typed or printed name of signee	

Filing Fee: \$25.00