L22000454564

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	

Office Use Only



500412149615

07/17/23--01015--010 **25.00

023년 - 17 후2 h: i,9

COVER LETTER

TO:	Registration Se Division of Cor			er e	•	•
		nterprises LLC	•	, ,	· •	• •
SUBJE	ECT:	Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Chester King				
			Name of Person			-
		Garifuna Enterprises Inc				
			Firm/Company			
		256 Mulberry St				
			Address			•
		Jacksonville, FL 32208				
		<u> </u>	City/State and Zip Coo	de		-
		ck@ertin.com	to be used for future anni		ntion)	
For fur	ther information co	oncerning this matter, please of		iai report notine	ation	
Cheste				608-0024		
Chesic	Name of	*Person	at ()		Celephone Number	
	. value of	1 0.301		<u></u>		
Enclos	ed is a check for th	e following amount:				
≯ .52	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fe Certified Copy (additional copy is		Certified	te of Status &
	Mailing Address Registration S	Section	Regis	Address:		
	Division of C P.O. Box 632	-		sion of Corpo Centre of Tal		
	Tallahassee, f	FL 32314		N. Monroe Shassee, FL 3	Street, Suite 8 2303	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa Florida document number L22000454564	ny were filed on 10/21/2022	and assigned
Fiorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		~
		222
		(.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		L
		70
		五
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>ents</u>	er the name of the new registered
Name of New Registered Agent:		
N D 1 100 100		
New Registered Office Address:	Enter Florida street addr	ress
	ſ	Florida
,	City	F lorida Zip Code
New Registered Agent's Signature, if changing Registered Agen		
I haraby accent the appointment as registered agent and a	wree to act in this canacity. I	turther agree to comply with the

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 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	EagleRidge Technologies, Inc	5455 Verna Blvd, Suite 6796	□ Add
		Jacksonville, FL 32236	≣Remove
			☐ Change
			□ Add
			□Remove
			☐ Change
			□ Remove
			□Add
			Remove
			Change
			□ Remove
			☐ Change
			□Add
			□Remove
			□Change

			
		<u> </u>	
	<u> </u>		
		<u>.</u>	
			
		·-··	
			در، ————————————————————————————————————
		1001 2002	
			- P
		<u> </u>	<u> </u>
	<u> </u>		
ective date, if other than the date of filiceffective date is listed, the date must be specific ate. If the date inserted in this block does not ument's effective date on the Department of	nd cannot be prior to date meet the applicable	te of filing or more than 90 de statutory filing requireme	_(optional) ays after filing.) Pursuant to 605.0 nts, this date will not be listed
cord specifies a delayed effective date, but no s filed.	ot an effective time, a	at 12:01 a.m. on the earlie	er of: (b) The 90th day after t
ed ^{7/11}	2023		
\sim 0 1 1/	a member or authorized	representative of a member	

4