LZZ 000 456 984

(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:

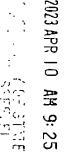
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5/24/23 V.I.M



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Jeannine Evans				
		Name of Person			
	Name of Limited Liability Company es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: Jeannine Evans				
	1105 Supeior Court	Submitted for filing. ter to the following: Name of Person			
	-	Address	Telephone Number S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) tion corations allahassee		
	Winter Springs, FL 32708				
	 	City/State and Zip Code			
	- -		***************************************		
For Combaning Comments on a			nification)		
	oncerning this matter, please c				
Jeannine Evans		407 925-1349 at ()			
Name o	f Person	Area Code Dayti	ine Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
Mailing Address			ection		
Registration Section Division of Corporations					
P.O. Box 632	.7	The Centre of	Tallahassee		
Tallahassee, I	FL 32314	2415 N. Mont	roe Street, Suite 810		

Tallahassee. FL 32303

ARTICLES OF AMENDMENT .: TO ARTICLES OF ORGANIZATION **OF**

(2022 and assigned
:
gnation "L.L.C" or the abbreviation "L.L.C."
, 2
2023 SE
ords, enter the name of the new registered
a street address
, Florida
Zip Code

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
			□Add
			□Change
			Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
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			Remove
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			□Remove
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D. If amending any other infor	man,,,, cancer country of	•		
				
				
				
				· • • • • • • • • • • • • • • • • • • •
		·		
Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific and cannot be p is block does not meet the ap	rior to date of filing or m plicable statutory filing	(optional) ore than 90 days after filing.) g requirements, this date w	Pursuant to 605,0207 rill not be listed as a
he record specifies a delayed effeord is filed.	ective date, but not an effective	/e time, at 12:01 a.m. (on the earlier of: (b) The	90th day after the
Dated April 5	2023	·		
	Signature of a member or a		of a member	
		•		
Jeannine Christine I		rinted name of signee		

Filing Fee: \$25.00