122000460165

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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ial Instructions to Filing Officer:

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2022 NOV -7 PM 2: 19 SECRETATION OF STATE TALL ALIAS SEE, FL

Registration Section Division of Corporations closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: 18160 Collins Avenue orther information concerning this matter, please call: Daytime Telephone Number sed is a check for the following amount: □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, 25.00 Filing Fee Certificate of Status

Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address:

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

(Name of the Limited Liability	Company as it now appears on our imited Liability Company)	records.)
(A Florida I.	imited Liability Company)	
rticles of Organization for this Limited Liability Cor	npany were filed on <u>Octobe</u>	C 26,262 and assigned
a document number <u>L22000460165</u>		
imendment is submitted to amend the following:		
amending name, enter the new name of the limite	d liability company here:	
w name must be distinguishable and contain the words "Limite	d Linkillin, Common With a dealerstic	a W. I. C." or the abbreviation "I. I. C."
w name must be distinguishable and contain the words. Limite	d Liability Company, the designation	i Lee of the aboreviation E.C.C.
r new principal offices address, if applicable:		
cipal office address MUST BE A STREET ADDRE	<u> </u>	
		20
		22 N
r new mailing address, if applicable:		
ling address MAY BE A POST OFFICE BOX)		100
ung address MAT BE A FOST OF FICE BOAT		5 D . 10
		May N
f amending the registered agent and/or registered of	office address on our records	enter the name of the new registered
it and/or the new registered office address here:	fince address on our records,	enter the name of the may registered
Name of New Registered Agent:		
Number Descriptional Office Address		
New Registered Office Address:	Enter Florida street	address
		, Florida
	City	Zip Code

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 13 filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability 14 spany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

nager thorized Member		
<u>Name</u>	Address	Type of Action
Simon Doiban	18140 Collins Avenue Su Beach, Florida, 33160	LANY ISLES DANG
		Remove
		□Change
		□Add
		□ Remove
		□ Change Change
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e date, if other than the date of filing: October 25 th 2022 (openive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, that's effective date on the Department of State's records. Specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:	his date will not	be listed as
October 31 . 2022 .		
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		

Filing Fee: \$25.00