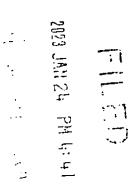
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer:
Office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

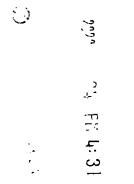
A. RIVERS
JAN 2 4 2023



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01/25/23--01002--012 \*\*30.00



#### COVER LETTER

Registration Section **Division of Corporations** JECT: enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: Shannon ( Firm/Company irther information concerning this matter, please call: MITA at (913) 671-9825

Area Code Davtime Telephone Number sed is a check for the following amount:

ed is a check for the following amount.

25.00 Filing Fee

S30.00 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 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

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brrr C		LUC.			
Articles of Organization for this Limited Liability Company	were filed on 10	1/31/202	2 and ass	signed	
ida document number <u>L 2 2000 4 66 8 76</u>		•			
amendment is submitted to amend the following:					
(Name of the Limited Liability Company & it now appears on our records.) (A Florida Limited Liability Company)  eles of Organization for this Limited Liability Company were filed on 10/31/2012 and assigned occurrent number					
new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	gnation "LLC" or the abb	reviation "L.	L.C."	
r new principal offices address, if applicable:				<del></del>	
icipal office address MUST BE A STREET ADDRESS)				·	
			<del></del> -		
r new mailing address, if applicable:					
ling address MAY BE A POST OFFICE BOX)				<u> </u>	
		<u>; :                                     </u>	- 23		
amunding the registered agent and/or registered office	addroce on our room	rede untor the nome	of the may		
and/or the new registered office address here:	address on our rect	rus, enter the name	, –	1	
		::	7	il in	
Name of New Registered Agent:			-G-	<u> </u>	
Now Progietored Office Address:			<del>.</del> <del></del>		
New Registered Office Address.	Enter Florida street address				
	, Florida  City Zip Code				
	City	<del>-</del>	Zip Code		
legistered Agent's Signature, if changing Registered Agent:					
by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete the obligations of my position as registered agent as filed to merely reflect a change in the registered office my has been notified in writing of this change.	performance of my provided for in Cha	v duties, and I am fa apter 605, F.S. Or, i	miliar wit f this docu	th and iment is	

If Changing Registered Agent, Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoved from our records: R = Manager BR = Authorized Member **Address Type of Action** Name 5R Sebastian, Ronald 3127 SW 20th ave DANG Cape Coral, F1, 33914 Exemove \_\_\_\_\_ □Change SR Kunz, Benjiman 1901 SW 27th Ter DANG Cape Coral, F1. 33914 GREMOVE 

\_\_\_\_\_ □Remove \_\_\_\_\_\_ Change \_\_\_ \_ \_ \_ \_ \_ \_ Add \_\_\_\_\_ □Change

### Page 2 of 3

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ive date, if other than t	he date of filing:		(optiona	l)
ective date is listed, the date t If the date inserted in this	the date of filing:  must be specific and cannot be predicted the app	rior to date of filing or r dicable statutory fili	nore than 90 days after filir ng requirements, this da	ig.) Pursuant to 605.02 te will not be listed a
ent's effective date on the	Department of State's recor	ds.		
cord specifies a delay 90th day after the r	yed effective date, but ecord is filed.	not an effective	time, at 12:01 a.m	. on the earlier
-		)		
01/24/2	<u> </u>			
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			/ /	
	Signature of a member or au	athorized representativ	e of a member	

Page 3 of 3