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PICK-UP	WAIT	MAIL
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT: GT	ndmy Siler Name of Lim	n(e Trocking nited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Dunior Pull Name of Person	
	Chrinding	Silence Tru Firm/Company	icking LLC
	5/2 Ban	nbag Harbor Address	Ct Aprz11
	Orlando	FI 3282	5
	Grinding E-mail address:	F1 3282. City/State and Zip Code Silen (tyulking to be used for future annual report notific	10 Comailicom
For further information c	oncerning this matter, please c	all:	
JUMION Name o	Paron f Person	at (<u>L/07)</u> 979-	07 0 9 Telephone Number
Enclosed is a check for the	_		
Z S25.00 Filing Fee	☐ \$30.00 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 Addres Registration S Division of C P.O. Box 632	Section Forporations 7	Street Address: Registration Sect Division of Corp The Centre of Ta	orations Hahassee
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lie	bility Company as it now appears on ou	or records)
(A Fio	rida Limited Liability Company)	in tegerasi
The Articles of Organization for this Limited Liability Florida document number <u>L22</u> 006 47	y Company were filed on	02/22 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company "the designate	ion "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD		No.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 1: 50
B. If amending the registered agent and/or registe agent and/or the new registered office address her		s, enter the name of the new registered
Numer of New Presistant Assets		
Name of New Registered Agent:		.
New Registered Office Address:	Enter Florida str	eet address
		Florida
	City	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 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
MOIR	Junior E Paul	512 Bamboo Harborg	<u> </u>
			□Remove
			□Change
			□Add
			□Remove
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			🗀 Add
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It amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effectiv	e date, if other than the date of filing:
<u> Note:</u> 1	te date, if other than the date of filing:
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	November 28 2022
	Signature of a member or authorized representative of a member
	Junior E Paul Typed or printed name of signee

Filing Fee: \$25.00