## L370004777874

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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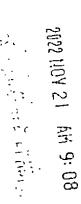
Office Use Only

A. RIVERS FEB - 7 2023



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SUBJECT:	1108	Winterber	ry LLC
: -	Name of Lim	ited Liability Company 6	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	- Arv	Mand Car Name of Person	ndea
	1108	Winterberry Firm/Company	1 66
		Address	<del></del>
	Mar	Co Islano City/State and Zip Code	1.FL
	E-mail address: (0	mande 240 1 to be used for future annual report n	me. Com
For further information e	oncerning this matter, please ca		
Arma	nd Candea	at (773) 68	0-4653
Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 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	Section	Street Address: Registration S Division of C	
D O D (22	_		•

P.O. Box 6327 Tallahassee, Fl. 32314

TO:

Registration Section **D**ivision of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## OF

(Name of the Limited Liability Company as it ) (A Florida Limited Liability)	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi	led on and assi
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "L.L.C" or the abbreviation "L.L.:
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	20
	2022 NOV
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new r
Name of New Decision of Assess	
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
Cin	Florida 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 will 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 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

## or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Mar Brian Bockholdt 1085 Bald Eagle Dr. XAdd Marco Island, FL 3414 Chan □Add Remov \_ □Chang∈ \_ 🗆 Add Remove □ Change □Add □Remove □ Change $\Box$ Add □ Remove ☐ Change □Remove

Change

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f an effective ( <u>Note:</u> If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste effective date on the Department of State's records.
record spec d is filed.	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
Pated	11/17 2022
_	Signature of a member or authorized representative of a member