## L2200494146

| (Req                       | uestor's N   | ame)         |        |
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| (Addi                      | ress)        |              |        |
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| (City/                     | State/Zip/   | Phone #)     |        |
| PICK-UP                    | ☐ WA         | ΙΤ           | MAIL   |
| (Busi                      | ness Enti    | y Name)      |        |
|                            |              |              |        |
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| thed Copies                | Certi        | ficates of S | Status |
| . Jedial Instructions to F | iling Office | er.          |        |
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12/27/2022

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:

| PLEASE USE FUNDS I  | FROM ACCT: 120210000160 | AMOUNT: \$30.00   |
|---|-------------------------|---|
| AUTHORIZATION:  | LLC L22000494146        |   |
| Business Name   | Document N              | lumber, (if known):   |
| Walk in   |                         | Pick up time  |
| Mail out  |                         | Will wait   |
| Photocopy   |                         |   |
| Certified Copy of Ar  | ticles of Organization  |   |
| NEW FILINGS   |                         | <u>AMMENDMENTS</u>  |
| Profit Not for Profit Limited Liability Domestication Other CORP PLLC |                         | XAmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/RevocationMergerConversionStatement of Correction |
| OTHER FILINGS   | REGI                    | STERATION/QUALIFICATIONS  |
| Annual Report   | I.                      | oreign filing<br>imited Partnership<br>einstatement   |
| APOSTIL () _ Co   | Other                   |   |

## **COVER LETTER**

| TO:       | Registration So<br>Division of Co   |                            | <b>s</b>                            |   |  |
|-----------|---|----------------------------|-------------------------------------|---|--|
| SUBJE     | ст: <u>24.</u>  | 3 N                        | Houm 1 to<br>Name of Lin            | on St N7:11C  | <del></del>  |
| The enc   | losed Articles of   | Amendme                    | ent and fee(s) are sub              | omitted for filing.   |  |
| Please r  | eturn all correspo  | ondence co                 | oncerning this matter               | to the following:   |  |
|           |   | <u>Ch</u>                  | ristopher                           | Name of Person  |  |
|           |   |                            |                                     | Firm/Company  |  |
|           |   | 7/                         | 14 Ocea                             | M Key DI  |  |
|           |   | Be                         | oca Rati                            | Address  Address  City/State and Zip Code                                     |  |
|           |   | <u>Ch</u>                  | P. SO CAFA<br>E-mail address: (     | Oldin 95, Com to be used for future annual report not                         | fication)  |
| For furtl | ner information c   | oncerning                  | this matter, please c               | all:  |  |
| 61        | Name o  | F CL N                     | t;                                  | at ( <u>401</u> ) 413<br>Area Code Daytim                                     | 1108<br>ne Telephone Number  |
| Enclosed  | d is a check for th   | ie followi                 | ng amount:                          |   |  |
| ां \$25   | .00 Filing Fee  |                            | 00 Filing Fee & rtificate 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<br>Registration S<br>Division of C<br>P.O. Box 632<br>Tallahassee, F | Section<br>orporation<br>7 |                                     | Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro | porations<br>allahassee<br>e Street, Suite 810   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 DEC 22 PM 12: 38

| 243 N Ha  | milton s  | + NY, 666   | SECRETURE  |
|---|---|---|--|
| (Same of the Lin  | mited Liability Compa<br>(A Florida Limited L   | ny as it now appears on our<br>liability Company) | SECRET STATE FECORDS TALLAKASSEE, FL                             |
| The Articles of Organization for this Limited Florida document number   | Liability Company   | • .   |  |
| This amendment is submitted to amend the fo   | ollowing:   |   |  |
| A. If amending name, enter the new name   | of the limited liabi  | lity company here:                                |  |
| The new name must be distinguishable and contain the  | e words "Limited Liabili  | ity Company," the designatio                      | n "LLC" or the abbreviation "L.L.C."                             |
| Enter new principal offices address, if app   | licable:  |   |  |
| (Principal office address MUST BE A STRI  | EET ADDRESS)  |   |  |
|   |   |   |  |
| Enter new mailing address, if applicable:   |   |   |  |
| (Mailing address MAY BE A POST OFFIC  | E BOX)  |   |  |
|   |   |   |  |
| B. If amending the registered agent and/or agent and/or the new registered office additional agent and/or the new registered office and/or the new registered office additional agent | r registered office a<br>ress here:   | ddress on our records,                            | enter the name of the new registered                             |
| Name of New Registered Agent:   |   |   |  |
| New Registered Office Address:  |   |   | _  |
|   |   | Enter Florida street                              | address  |
|   |   | City  | , Florida<br>Zip Code  |
| New Registered Agent's Signature, if changing   | 2 Registered Agent:   | City  | zip Couc   |
| I hereby accept the appointment as register<br>provisions of all statutes relative to the pro-<br>accept the obligations of my position as re-<br>being filed to merely reflect a change in the<br>company has been notified in writing of the  | red agent and agre<br>oper and complete p<br>gistered agent as p<br>e registered office ( | performance of my duti<br>rovided for in Chapter  | es, and I am familiar with and 605, F.S. Or, if this document is |
|   | If Chang  | ging Registered Agent, Signs                      | iture 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 Title Name **Address Type of Action** MGR Christopher D. D. Fanti 2016/ Ocean Kcy Dr DAdd

Bola Raton FL. 31498 Remove \_\_\_\_\_\_ ZiChange □ Change \_\_\_\_\_ □Add \_\_\_\_\_\_ Change □Remove

\_\_\_\_ □Add \_ □Remove 

| D. II ame            | ending any other into             | rmation, enter change(s) here: (Attach additional sheets, if necessary.)                           |
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|                      |                                   |  |
| (If an effo<br>Note: | If the date inserted in th        | the date of filing:  |
| the record           | l specifies a delayed effi<br>ed. | ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated_               | 12/22/2                           |  |
|                      |                                   | Ch //a   |
|                      |                                   | Signature of a member or authorized representative of a member                                     |
|                      |                                   | Christophor D. D. Funt.  |
|                      |                                   | Typed or printed name of signee  |

Filing Fee: \$25.00