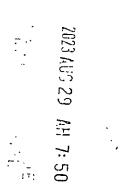
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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Cı	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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08/28/23--01026--010 **25.00



Office Use Only

of 9/19/20/23

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT Townes Skirly Skirlin Paynting Plus Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Name of Person
Firm/Company Q333 Sovewood \n Address
Sebring FL 33876 City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Person at (573) 397-3531 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigsquare \text{S30.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$ Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section **Street Address:** Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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 Limit	ed Liability Company as it now a (A Florida Limited Liability Comp.	DDCars on our records.	Plus UC
The Articles of Organization for this Limited Li	ability Company were filed o	12/01/2022	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of the new name of Pointing Planting. The new name must be distinguishable and contain the w	s ILC		eviation "L.L.C."
Enter new principal offices address, if applic			2023
(Principal office address MUST BE A STREE			2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		AH 7: 50
B. If amending the registered agent and/or r agent and/or the new registered office addres		our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	James 1	Storin	
New Registered Office Address:	6335 Sagen	r Florida street address	
	Sobrins City	Florida 33	Zip Code
Name Descriptored Ament's Cinnature if abanding I	Durictored Scouts		

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
HOUBE	James 17 2 Kiensk	6333 Sagonal In Sebring FL 33976	□Add
		Sebring FL 33976	□Remove
			Change
			□Add
			Remove
			□Add
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(If an effe Note:	ve date, if other than the date of filing:
he record ord is fil	d 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 ed.
Dated .	Aug 25 . 2023.
	Signature of a member or authorized representative of a member