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COVER LETTER

Division of Corp			
FraJai RE L			
SUBJECT:	Name of Limi	ned Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter (to the foliowing.	
	Stephanie Gibson		
		Name of Person	 · · · · · · · · · · · · · · · · · ·
	Martinez Law, P.A.		
		н итп. Сотпрану	
	18115 N US Highway 41,		
		Address	
	Lutz. FL 33549		
	sgibson@martineziawtla.co	City/State and Zip Code	
		to be used for future annual report notifica	tion)
For further information c	oncerning this matter, please co	all:	
Stephanie Gibson		813 803-4887	
Name o	of Person	ut ()Area Code ————————————————————————————————————	elephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (Additional copy is enclosed)	© \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Secti	on

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
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 Limited Liability Company as) (A Florida Limited Liabilit	it now appears on our records.) ly Company)	
The Articles of Organization for this Limited Liability Company were clorida document number 1.22000510660	filed on December 5, 2022	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability o	company here:	
he new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
	·	<u> </u>
		. =: :
Enter new mailing address, if applicable:	{	# 15 5 · ·
(Mailing address MAY BE A POST OFFICE BOX)	Ĭ.	5
B. If amending the registered agent and/or registered office address and/or the new registered office address here: Name of New Registered Agent:	ess on our records, enter the n	ame of the new regi
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address , Florida City	

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>	Name	Address	Type of Action
AMBR	Zhanyl Tokoeva	26216 Foamflower Blvd	□Add
		Wesley Chapel, FL 33544	Remove
			_
			□Remove
			☐ Change
			Remove
			Change Change
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			□Remove
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Tective date, if other than an effective date is listed, the date of the listed in this ocument's effective date on the	must be specific and car s block does not mee	mot be prior to da t the applicable	e of filing or more it statutory filing rec	(option non 90 days after fit unrements, this d	ling.) Pu	suant to 605.02 not be listed
record specifies a delayed effer is filed.	ctive date, but not an	effective time,	at 12:01 a.m. on th	e earlier of: (b)	The 90	th day after th
August 26		2024				

Filing Fee: \$25.00