L77000517157

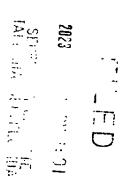
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COVER LETTER

Registration Section

TO:

Division of Co	rporations				
	erprises LLC				
SUBJECT:	Name of Lin	ited Eiability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspond	ondence concerning this matter	to the following:			
	Sarah Lively				
		Name of Person			
	Storey Enterprises LLC				
		Firm/Company			
	95 Tavernier Dr				
		Address		BB	
	Ponte Vedra, FL 32081			2023 . SEVE ALL	-
		City/State and Zip Code		2	
	Sarah@livelyslp.com E-mail address: (to be used for future annual report notif	ication)	2	1
For further information of	concerning this matter, please c		·		
Sarah Lively		904 729-6759		10 HA	
Name o	of Person	at () Area Code Daytime	: Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	
Mailing Address Registration 1 Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 81	0	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Florida document number 1.22000517157 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" Enter new principal offices address, if applicable:	and assigned
The Articles of Organization for this Limited Liability Company were filed on 1.22000517157 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" Enter new principal offices address, if applicable:	or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" Enter new principal offices address, if applicable:	or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" Enter new principal offices address, if applicable:	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	or the abbreviation "L.L.C."
• • •	2028
Principal office address MUST BE A STREET ADDRESS)	2028 SE : :
	•
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter agent and/or the new registered office address here:	the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	S
	orida
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code

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
MGR	Sarah Lively	95 Tavernier Dr.	DAdd
		Ponte Vedra, FL 32081	□ Rетюче
			≅Change
			DAdd
			Remove
		□Change	
			DAdd
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		□Change	
		□Add	
			□Remove
			□Change

		
		
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. Effective date, if other than	o the date of filing:	(optional)
Note: If the date inserted in the	the date of filing: e must be specific and cannot be prior to date of filing or more than 9 his block does not meet the applicable statutory filing require the Department of State's records.	00 days after filing.) Pursuant to 605,0207 (3) ements, this date will not be listed as the
the record specifies a delayed eff cord is filed.	Sective date, but not an effective time, at 12:01 a.m. on the ea	arlier of: (b) The 90th day after the
Dated 01/13	2023	2023 SE: FAL:
Dated	1000	
<u> Salal</u>	Signature of a member or authorized representative of a mem	nber 2
	The state of the s	
Sarah Lively	Typed or printed name of signee	
	Types in printed name of inglice	

Filing Fee: \$25.00