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(Requestor's Name)	
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(City/State/Zip/Phone	<del>(f</del> )
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PICK-UP WAIT	MAIL
(Business Entity Name	e)
(Document Number)	
Certified Copies Certificates of	of Status
Special Instructions to Filing Officer:	





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## **COVER LETTER**

TO: Registration Section Division of Corporations
OB & Woldy 11C
SUBJECT: 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:
Shphania Weldy Name of Person
Firm/Company
Division of Corporations  ECT:
$\sim$
For further information concerning this matter, please call:
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \Bigcup \$60.00 Filing Fee, Certified Copy

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

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7 2 P. NOT	dy UC	
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 12/0/22	and assigned
Florida document number <u>L220005 188 toto</u> .	· (	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company." the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	2	*~3
		3
Enter new mailing address, if applicable:		20
•		*:
(Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City , F Iortua	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 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 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
AMBR	Stephanie L Neldy	3452 Williston Loop	□Add
	,	LOL FL 34639	□Remove
		Name errol	
			Remove
			20 □Add · ·
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First Name	Stephanie	
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Last Name	Ne Idey	
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e date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be the date inserted in this block does not meet the a t's effective date on the Department of State's rec	(optional) e prior to date of filing or more than 90 days after filing.) Propplicable statutory filing requirements, this date with cords.	ursuant to
specifies a delayed effective date, but not an effect l.	tive time, at 12:01 a.m. on the earlier of: (b) The 9	Oth day a
N///le /25 Signature of a member of	authorized percesentative of a member	
Signature of a intemper of	i do la Ma	