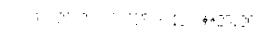
## L 2200052898/

(Requestor's Name)	_
	_
(Address)	
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
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(Document Number)	
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12/20/22

## **COVER LETTER**

	iration Sector on of Corp			
SUBJECT: _	Pic	k Team Pack	RE LLC	
		Name of Line	ned Liabinty Company	
The enclosed A	rticles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return al	l correspon	dence concerning this matter	to the following:	
		Fare A	CKEIMAN Name of Person	
			Name of Person	
		PickTear	mPack RE LLC	
			Firm/Company	
		1460 Silve	r bell Lane	
			TSIZAD, FL. 3 City/State and Zip Code  O De L. COM To be used for future annual report notif	
For further info	rmation cor	ncerning this matter, please ca		
Faye	Acker	Cerson	at (904) 610 Area Code Daytime	-9859
•	Name of I	Person	Area Code Daytime	: Telephone Number
_		following amount:		
<b>2</b> \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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	FILED
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)	2022 DEC 20 PM 1: 47
The Articles of Organization for this Limited Liability Company were filed on December 1	9, 2022 and assigned
Florida document number <u>L 22000528981</u> .	

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	SS)	
	<del> </del>	
Enter new mailing address, if applicable:		
• • • •		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		, Florida
	City	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>	Name	Address	Type of Action
			Fleming Island,
AMBR	Kenneth L. Poythress Si	1460 Silverbell Lane	FL 32003 DAdd
	<del>,</del>		
			ERemove
		<del></del>	□Change
			_
			□Change
			□Add
			□ Remove
	-		🖸 Add
			□Remove
			Change
			□ Remove
			CIC
			Change
		, M	
			□Remove

<b></b>	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e	etive date, if other than the date of filing: \( \sum \) \( \colon \)
he reco	ord 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 filed.
Date	1 12 20 , 2022 .
	Jay J. Áckerman  Signature of a member or authorized representative of a member
	/ Signature of a member or authorized representative of a member
	Faye L. Ackernan  Typed or printed name of signee

Filing Fee: \$25.00