## L2300014837

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## COVER LETTER

Division of Corpor	rations		
SUBJECT: 184 LO	YAL INC		
	Name of Limite	ed Liability Company	<del>-</del>
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	DEONNA	SUTHERLAND Name of Person	
	1Si LOYAL I	-NC	
		NC Firm/Company	·
		K RD NW APT 24	08
		Address	· <del></del>
	LTORT WALTON	I REACH FL 3254	1
	POPIL TARE TO	N BEACH, FL 3254 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
-	E-mail address: (to	be used for future annual report notifica	tion)
For further information conc	erning this matter, please call	:	
1-101 <u>-</u>			_
ENKK FOR	MESTER	at ( <u>B50</u> ) <u>964 - 60</u> Area Code Daytime Te	005
.vaine of re	18011	Area Code Daytime Te	nephone Number
Enclosed is a check for the fo	ollowing amount:		,
□ \$25.00 Filing Fee □	□ \$30.00 Filing Fee & Ceruficate of Status	☐ \$55.00 Filing Fee & Certified Copy	560.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

1 St Loyal INC (Name of the Limited Liability Compa	inv as it now appears on our records. ALL ALL STATE ORID, Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L23000019837}$ .  This amendment is submitted to amend the following:	were filed on August 25, 2023 and assigned
A. If amending name, enter the new name of the limited liab    \( \text{LOYAL} \) \( \text{LLC} \)  The new name must be distinguishable and contain the words "Limited Liabiletic Liabilet	<del>1000</del>
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	SZI RACETRACK RD NW APT 240B FORT WALTON BEACHFL 32547
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	321 RACE TRACK RDNW  APT 2408 FORT WALTON BEACH FL 32547
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new register

DEONNA SUTHERLAND Name of New Registered Agent: 321 RACE TRACK RD NW APT 2408

Enter Florida so cer address New Registered Office Address: FORT WALTON BEACH Florida 32542

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>	<u>Address</u>	Type of Action
MGR	DEONNA SUTHERLAND	321 RACE TRACK RD NW	□Add
		AP+ 2408	□Remove
		FORT WALTON BEACHF132574	7 Change
MGR	EARL FORRESTER	321 RACE TRACK RD NW	□Add
		APT 2408	□Remove
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an effec <u>(ote:</u> T	tive date, if other than the date of filing:	ng.) Pursuant to 605,0207
l is file		
ated _{2}	F. LORESTER  Signature of a member or authorized representative of a member	
	F. Lorrester	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00