## 123000021368

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  Do Not File the
Amendment that Was Mailed in on 3/11/23
Mailed in on 3/11/23
Return For a Refund.

Office Use Only



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## COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Atility Same of Limit	Revice S LLC ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for tiling.	
Please return all correspon	dence concerning this matter to	o the following:	
	BiH	Name of Person	2
		Firm/Company	
	2900	Address RO	
	Ch:pi	City/State and Zip Code  O be used for future annual report hou	38
	E-mail address: (t	o be used for future annual report hoti	(mail.com
For further information ec	oncerning this matter, please ca		
Pillane of	Perlan	at ( <u>8550</u> ) <u>320</u> Area Code Daytim	2-7419 ne Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25 00 Filing 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		Street Address: Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Tallahassee, FL 32314		2415 IN. Monroe Street. Stitle 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

211/7 HAD OF

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L23 00 00 2131</u> 8	ny were filed on Ollo 23 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2932 thy 17
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2932 Hwy 77 Chipley #1,32428
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent:	Hang Carter
New Registered Office Address: 2932	Enter Florida street address
	Florida 32428 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 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 Type of Action Address Title <u>Name</u> 2900 Tanner RO DAdd Joel Carter Chipley FI, 32428 XRemove \_\_\_\_\_ Change pres Brittany Carter Chipley F1, 32428 | Remove ☐ Change Change \_\_\_\_ □Remove \_\_\_\_\_ 🗆 🗀 Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_\_ 🗀 Add \_\_\_\_\_ □Remove \_\_\_\_\_ Change

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing: 3-31-33 (optional) Sective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the reco	rd 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 led.
, Dated	March 31, 2023
	Signature of a member or authorized representative of a member
	Typed or plinted name of signee

D.