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(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:	
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## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: Flayd	S Market Na	CC & 825, L	LC
ı		. , ,	
The enclosed Articles of Ame	endment and fee(s) are submi	itted for filing.	
Please return all corresponder	ace concerning this matter to	the following:	
-	Lei	M. G. Watson	n Sr.
-		Firm/Company	
-	9453 Cark	andale Dr. W	32208
	Jax, Fl	City/State and Zip Code	
-		Vando. Com le used for future annual report notific	cation)
For further information conce	erning this matter, please call	1:	
Alice Name of Per	imbrough	at ( <u>904</u> )502 Area CodeDaytime	- Al (a 3 Telephone Number
Enclosed is a check for the fo	ollowing amount:		
S25.00 Filing Fee [	330.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

(Name of the Limited Liability Con	et ) acl e { npany as it now appears of ed Liability Company)	325 LLC  gour records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L2300072718</u>		$\frac{10 23}{}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited life for the new name of the limited life for the new name must be distinguishable and contain the words "Limited Life".	25, LLC	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
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 here:	ce address on our reco	ords, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street 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

Title	Name	Address	Type of Action
AMBR	Alice M. Kimbrough	598 Van Buren St. Jackeanville, Fl 32204	🗆 Add
	·	Jacksonville, FL 32204	Remove
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Filing Fee: \$25.00