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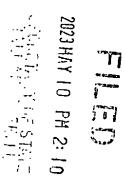
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Y. SCOTT
'JUL - 8 2023

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Oll	ic and Row Name of Lim	Limited Lability	Company	•
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Abby Pa	Name of Person		~2
		Firm/Company		2023 HAY 10 PH 2: 10
	1625 Portsi	mouth LUKP Dy		
	Brandon F	City/State and Zip Code	 [3]	2: 10
	alony Kaye	91 O gmal. (	OVA fication)	
For further information	reoncerning this matter, please c	all:		
Aiday Pa	v rish	at (813) 846 Area Code Daytim	e Telephone Number	_
Enclosed is a check fo	r the following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	f Status &
P.O. Box 6	n Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 112 2023 and assigned Florida document number 123000026096 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) 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 on our records, enter the name of the new registered agent and/or the new registered office address here: 0 Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Tyler Parrish	1425 Portsmouth Lak	<u>eDrixiada</u>
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			□ Change
MGR	Abby Parnsn	1425 Portsmouth Lake D	<u>γ·</u> □Add
		Brandon FL 33511	□Remove
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eument's effective date of								
ecord specifies a delayed ( is filed.	effective date, but	not an effec	tive time,	at 12:0	La.m. on the earlie	rof: (b) The	90th day a	fter tl
ted March	6	20	23					
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Filing Fee: \$25.00