## L23000030278

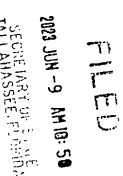
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## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT:	Request G	vanted LLC ted Liability Company	·	
The enclosed Articles of a	Amendment and feets) are subt	nitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		
	_	WW BYDWD	i 10	1
	<u> </u>	est granteo		i
	2210_	SE HIGHWAY	'41	
	MORRIST Brown E-mail address: (1		32668 10-11-COM	VM)
For further information co	CO(ffd oncerning this matter, please ca	for-BROWN Kencha	03 Dgmail com	
Kendy	abrown	<u>352, 441-</u>	5932 e 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 radditional 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

Liability Company as it now appears on our records.) A Florida Limited Liability Company) Florida document number  $\angle 23000030278$ 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 "LLC." 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: Name of New Registered Agent: St HCHMAY L Enter Florida street address New Registered Office Address: MDRR/ST/DN . Florida FL

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

JUN -9 AMIO

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MgR.	Sean L. Brown SR.	2210 SÉ HICHWAYS MORRISTON, FLORIDA 32608	1/Xvaa
J		MORRISTON, FLORIDA	_ □Remove
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Filing Fee: \$25.00