# L23000030768

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2023 FEB 14 AM 9: 03





### \*\*\*IMPORTANT NOTICE\*\*\*

PLEASE SEND ALL DOCUMENTS –
APPROVED OR REJECTED TO THE ADDRESS
BELOW.

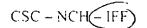
## INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

1023 FEB 14 AM 9: 03



TO:

PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

National Corporate Headquarters, Inc.

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Tuesday, February 07, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

 Articles of Amendment For ROWAN 95, LLC (FL)

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

## Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502



#### **COVER LETTER**

TO: Registration Se Division of Cor						
SUBJECT: <u>ROWAN</u>	95 11 0					
SUBJECT: NOWAN	Name of Lim	ted Liability Company	<del></del>			
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
	_					
Corporate Maintenance Lead						
Name of Person						
Processing Department						
	Firm/Company					
	1450 Vassar St					
	Address					
	Reno, NV 89502					
	City State and Zip Code					
		to be used for future annual report noti	Service)			
	E-mail address: (	to be used for future annual report fior	neation)			
For further information co	oncerning this matter, please co	all:				
Process	ing Department	at (800 ) 638-2320				
	Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for th	e following amount:					
☑ \$25.00 Filing Fee	S30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,			
•	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy			
		(additional copy is enclosed)	(additional copy is enclosed)			

MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	AN 95, LLC	
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.  Torida document number L23000030768	pany were filed on 01/17/23 and assigned	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	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	<u>s</u>	
nter new mailing address, if applicable:	140 168Th Ave Ne	
Mailing address MAY BE A POST OFFICE BOX)	Bellevue, WA 98008	
<ol> <li>If amending the registered agent and/or registere egistered agent and/or the new registered office address</li> </ol>	ed office address on our records, <u>enter the name of the</u> <u>here</u> :	
. If amending the registered agent and/or registere egistered agent and/or the new registered office address  Name of New Registered Agent:	ed office address on our records, <u>enter the name of the</u> there:	
Name of New Registered Agent:	ed office address on our records, <u>enter the name of the</u> here:	
egistered agent and/or the new registered office address	ed office address on our records, enter the name of the here:  Enter Florudu street address	
egistered agent and/or the new registered office address  Name of New Registered Agent:	here:	

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 heing 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 Agents

Page L of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	<u>Address</u>	Type of Action
			D Add
			Remove
			Change
			Remove
			☐ Change
			Remove
			☐ Change
			Add
			□ Remove
			Change
			· □ Add
			☐ Remove
			□ Change
			Add 200

\_□ Remove<sup>±</sup>

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Filing Fee: \$25.00