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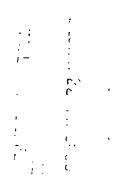
(Requestor's Name)
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05/29,25--01983--601 \*#25,11



## **COVER LETTER**

TO:

Registration Section

Division of Corporations -	
SUBJECT: Nadland To	Say L LC nited Liability Company
The analoged Assistance f Association on the funda was sub-	united for tiling
The enclosed Articles of Amendment and fee(s) are sub-	
Please return all correspondence concerning this matter	to the following:
,	
<u>Kimb</u>	Ny Cauris Name of Person
Waxde	and Bay LLC Firm/Company
9625	5 Theresa 12,
Thonoto	Sassy FL 33592 City/State and Zip Code
10 textel L	City/State and Zip Code  Conclosured Egment. Com  (to be used for future annual report notification)
E-mail address: (	(to be used for future annual report notification)
For further information concerning this matter, please c	rall:
Kimberly Gains	a( <u>33) 375-1445</u>
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25,00 Filing Fee Solution Status See Sertificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.)  Limited Liability Company)
The Articles of Organization for this Limited Liability Colorida document number <u>L23 000 3303</u>	Company were filed on 011823 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	RESS)
	<del></del>
	· C
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<del> </del>	, Florida
Naw Dagistarad Agant's Signatura if changing Hagistaras	·

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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