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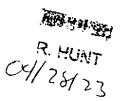
| (| Requestor's Name) | - |
|----------------------|-------------------------|---------------|
| | Address) | |
| | Address) | |
| (| City/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| (| Business Entity Name) | |
| (| Document Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions | to Filing Officer: | |
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Office Use Only



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COVER LETTER

| 10: Registration Section Division of Corporations | |
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| SUBJECT: Alwayshaven | ation |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | nited Liability Company |
| | |
| The enclosed Articles of Amendment and fee(s) are suf- | bmitted for filing. |
| Please return all correspondence concerning this matter | to the following: |
| bblion | Jachson |
| | Name of Person |
| | |
| | Firm/Company |
| 1212 101 | Le blue CIrcle |
| Apopla | FL 32703 City/State and Zin Code: |
| E-majl address: (1 | to be used for lature annual report notification) |
| For further information concerning this matter, please ca | |
| Janlar Jackson Name of Person | at (407) 717-3392 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| S25.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section Division of Corporations | Street Address: Registration Section Division of Corporations |

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. 1

| (Xame of the Limited Liability Con (A Florida Limited | ipany as it now appears on our records.) Ed Liability Company) |
|--|--|
| The Articles of Organization for this Limited Liability Compa Florida document number <u>L23000408</u> 0 | ny were filed on $0/23/2028$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited li | ability company here: |
| The new name must be distinguishable and contain the words "Limited Lia | ability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 90 |
| (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 offic agent and/or the new registered office address here: | e address on our records, enter the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | |
| | 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|---|----------------|
| Manager | Jahkor Jackson | 1212 Jake Rive Circle Apopla FL, 32703 | √Add |
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| If an effective date is Note: If the date | other than the date of f listed, the date must be specific nserted in this block does r we date on the Department | iling: c and cannot be prior not meet the applic | able statutory filing | (option ore than 90 days after fi requirements, this o | ling.) Pursuant to 605,0207 |
| e record specifies d is filed. | delayed effective date, but | , not an effective ti | me, at 12:01 a.m. o | n the earlier of: (b) | The 90th day after the |
| Dated <u>04</u> 1 | 25/2023 James Signature of | of a member or autho | orized representative of | of a member | |
| | Jahkar | A Ai | M d name of signee | - | |