## L2300043050

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



02/06/23--01008--028 \*\*25.00 NULL IN SEE FL

y 2/12/2023



## COVER LETTER

TO: **Registration Section Division of Corporations** 11 SUBJECT: Liability Compart

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: 🗋 \$60.00 Filing Fee, □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$25.00 Filing Fee Certified Copy Certificate of Status

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

(additional copy is enclosed)

Certificate of Status & Certified Copy (additional copy is enclosed)

Street Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF A		,
T( ARTICLES OF O · O	RGANIZATION	FILED
<u>Ay'S Spew</u> (von ( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) E ( iability Company)	SFEB -6 PH 1: 33
The Articles of Organization for this Limited Liability Company	were filed on $\underline{112.3120}$ .	<u>3</u> and assigned
Florida document number <u>12300043050</u>		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	LLC"	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4228 31 Johns	ave
(Principal office address MUST BE A STREET ADDRESS)	Jacksonvillei	EI 32.210
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>		
<b>B.</b> If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	
	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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

## •MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Janill Compres	4228 ST Johns ave Jacksonville FI 32210	🗹 Add
			□Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _	2/0/23
	Pairl Q.J.
	Signature of a member or authorized representative of a member
	avril Compres Typed or printed name of signee

Filing Fee: \$25.00