# L 23 00045832

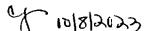
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Caracter monastions to vinning Cinesis.

Office Use Only



900416349179

09/27/23--01011--007 \*\*25.00



# **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Eddie Rice Name of Person
	Rice & Rice I Rucking Line Firm/Company
	2430 Capei DRIVE Ft Myco F1.33916
	FORT MYND F1. 339/4  City/State and Zip Code  Salters Ruchandunt Stary a Comcast-Ne  E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Der	metrig Salters 6 at (239) 878-8586  Name of Person Area Code Daytime Telephone Number  239 222.6529
Enclose	ed is a check for the following amount:
X S2:	5.00 Filing Fee Solution Status Solution Statu

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

2023 SEP 27 PH 12: 04 ame of the Limited Liability Company as it new appears on our records.),
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 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 "L.L.C." 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: New Registered Office Address: Enter Florida street address , Florida

## 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.

City:

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>	Name	Address	Type of Action
MGR	Semetria Salter	2	□Add
		207 Uph Au Ft. Myco	Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
			□Add
			□Remove
			_ Change
			□Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ □Change
<del>-</del>			_ □Add
			_ □ Remove
			□Cha===

•	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
,	
,	
,	
-	
-	
-	
-	
(If an eff Note:	ive date, if other than the date of filing: 125   253 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
ord is fi	
Dated	Eddie Lice Signature of a member or authorized representative of a member  Eddie Rice Typed or printed name of signee
	Edie Ziro
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00