## L23000046206

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor			
CHRIDOT: 767	- 1- 1-11-1-15		
SUBJECT.	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	<u> </u>		
	13311	Name of Person	
		Name of Person	
		0' 4'	
	. A	Firm/Company	2023
	1443 Hem	Manay Blva	2023 L 27 F.T.H: 1,5
			12
	<u>Rockledge</u>	FL 329G55 City/State and Zip Code	
			Ξ.
	E-mail address: (to	To Chille to Circlistic Control of the used for future annual report notificers.	ication)
for further information c	oncerning this matter, please cal	l:	
Viazinta L.	Max Wally	161 116	1.36484
Name o	f Person	at ( ) 10 / Daytime	Telephone Number
inclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$2 \$55.00 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		<u>Street Address:</u> Registration Sec	tion
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10.5.012 - 10.11C		
(Name of the Limited Liability Compa- (A Florida Limited I.	ny a <u>s it now appears on our records.)</u> Jability Company)	
The Articles of Organization for this Limited Liability Company Plorida document number <u>レインファイマンでし</u>	were filed on N. 121003	and assigned
This amendment is submitted to amend the following:		2623
A. If amending name, enter the new name of the limited liabi	ility company here:	### 2. · · ·
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- 11
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )	P.C Drx Stella	' . [1] . }
3. If amending the registered agent and/or registered office a igent and/or the new registered office address here:	address on our records, enter the na	ime of the new register
Name of New Registered Agent:		<del>- ,-,</del>
New Registered Office Address:	Emer Florida street address	
	, Florida	
	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
MAR	Prisulla Laughin	1443 Hemingway Blvd	Yi Add
	J	1443 Hrmingway Blvd Rockledge Fr 32955	□Remove
			□Change
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Typud or printed name of signee