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(((H230001672093)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUCHANAN INGERSOLL & ROONEY PC - TAMPA OFFICE

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Emmil Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORASEPTIC, LLC

Certificate of Status	0
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Pax Audit No. H23000167209 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on JANUARY 26, 2023 and assign Florida document number L23000048025.  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 "LLC Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailling address, if applicable:  (Mailling 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 agent and/or the new registered office address hers:  Name of New Registered Agent:  New Registered Office Address:  Priorida sirest address  Priorida sirest address	FLORASEPTIC, LLC	Jability Company as it now annears on our records.) lorids Limited Liability Company)		_	
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Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	Florida document number L23000048025	<del></del> ·			
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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 filled 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

## Buchanan Ingersoll · Rooney 4125621041

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If smending 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

Title	Name	Address	Type of Action
MGR	MARGARET GANEY	6104 RIVER TERRACE	□Add
		TAMPA, FL 33604	□ Remove
MGR	TIMOTHY GANEY	6104 RIVER TERRACE	
	,	TAMPA, FL 33604	□Remove
MGRM	PATRICIA GANEY	6104 RIVER TERRACE	□Add
		TAMPA, FL 33604	□ □ □ □ Remove
			Change
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## Buchanan Ingersoll · Rooney 4125621041

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f amending any other inf	formation, enter change(s) here: (Attach additional sheets, if necessary.)
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fan effective date is listed, the d <u>Voto:</u> If the date inserted in	an the date of filing:  [Intermust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 this block does not meet the applicable statutory filing requirements, this date will not be listed as a the Department of State's records.
record specifies a delayed e d is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated MAY 4	<u>2023</u> .
/S/ RICHARI	D JACOBSON
	Signature of a member or authorized representative of a member
RICHARD JAI	CORSON
KICHARD JAI	Typed or printed name of signer

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Filing Fee: \$25.00