## 13666653624

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(Address)				
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## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT: K	EGAT LL	_ C.	
<del></del>	Name of Limite	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	-Jennifer	A REGI	5
	REGAT	Firm/Company	<del></del>
		Address	Drive
	Mount Dar	Giv/State and Zin Code	57
	Jenifergis ( ou	City/State and Zip Code  City/State and Zip Code  Compose used for future annual report no	otification)
	cerning this matter, please ca		
Emmanuel 1 Name of F	REGIS Person	at (347) 3 C	8 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enclosed is a check for the	following amount:		
№ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$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
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

imited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1-30-2023 and assigned Florida document number <u>L23000053629</u> 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:

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 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	Rebecco L. REGIS	5270 Mahagany Dr. 1	🗆 Add
		Mount Dora, Fl 32757	URemove
			□Change
MGR Jennifer A. RE	Jennifer A. REGIS		DAGU
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

famendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
(If an effect Note: If	date, if other than the date of filing:
he record : ord is filed	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 l.
Dated	3/30/23
	Signature of a member or authorized representative of a member
	Emmanue REGIS Typed or printed name of signee

Filing Fee: \$25.00