L2300063180

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/r Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER .

TO: Registration Section Division of Corporations
Baldera IIC
SUBJECT: Name of Limited Liability Company
The state of the s
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Chery Creason EA #002-60867
Abacus Business & Tax SKLCC
105 7 AVENE
RUSKIN FL 33570
City/State and Zip Code Info@ abacus businesstax.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chery Creason at 813 45-4000 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: □ \$25.00 Filing Fee \$\sum \$\$\$\$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,
S25.00 Filing Fee \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing Address: Registration Section Street Address: Registration Section
Registration Section Registration Section Division of Corporations Division of Corporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

(Name of the Limited Liability Compa (A Florida Limited L	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000 63180</u>	were filed on Feb. 3, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The 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:	\
(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 a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Norida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Char	nging 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>	<u>Name</u>	Address	Type of Action
<u>mbr</u>	Yanelys L. Baldera	702 E. College AVE	Add
		702 E. College AVE Ruskin, FL 33570	, ☐Remove
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			□ Change



	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef	tive date, if other than the date of filing:
the record	rd 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 iled.
Dated	Sept 14 2023
	$1 - II_{\alpha}I$
	The detection
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00