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TALL MOESTATE

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: Orpo	pose fol post L Name of Limi	LC ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Shan	o_ Bigges Name of Person	
		Firm/Company	
	27 Pane	derosa La, Unit A	
-	Palm Co Shannon m E-mail address: (1	Address Down FL. 32164 City/State and Zip Code biggers @ owlook, com to he used for future annual report notifica	2023 FEB 21 AH 9
For further information conc			
		at (<u>407</u>) <u>717-9/</u> Area Code Daytime T	77 FLAT So Solve Number
Enclosed is a check for the for \$25.00 Filing Fee	ollowing amount: ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy
Mailing Address:		(additional copy is enclosed) Street Address:	(additional copy is enclosed)
Registration Sec		Registration Secti	

Registration Section 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

OUR PURPOSEF		LLC			
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now a imited Liability Comp	ppears on our any)	records.)		
The Articles of Organization for this Limited Liability ConFlorida document number		on <u>Febru</u>	very 06, 2023 as	nd assigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability compa	ny here:			
The new name must be distinguishable and contain the words "Limited	d Liability Company,	the designatio	on "LLC" or the abbreviate	on "L.L.C."	_
Enter new principal offices address, if applicable:			<u>65</u>	2023	_
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>			- 1	
Enter new mailing address, if applicable:				21 AM 9	
(Mailing address MAY BE A POST OFFICE BOX)				<u>5</u>	-
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on o	our records,	enter the name of th	<u>ie new regis</u> i	<u>tered</u>
Name of New Registered Agent:					_
New Registered Office Address:	Ente	er Florida street	t 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 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>	<u>Name</u>	Address	Type of Action
MGR	Elaina Morales	27 Ponderosa La Unit A	🗀 Add
		27 Pondeusu Ln Unit A Palm Coast, FZ 32164	Dre move
			□Change
			□ Add
			□Remove
			□Change
			Change 7
			□ Remove □ Change
			□Add
			□Remove
			□Change
·			🗀 Add
			□Remove
			□ Change

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Filing Fee: \$25.00