

L23000071467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

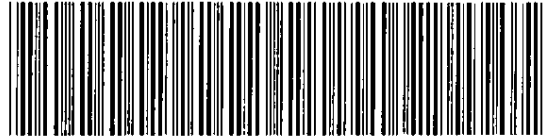
(Business Entity Name)

(Document Number)

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06/09/23--01006--004 **25.00

2023 JUN 10 PM 1:33

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

_____ ☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE CHANGE ADDRESS FROM 4680 N ORANGE BLOSSOM TRAIL ORLANDO FL 32804

TO 4101W VINE STREET KISSIMMEE FL 34741

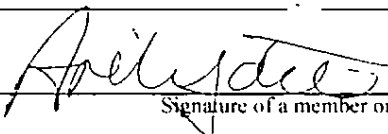
E. Effective date, if other than the date of filing: 06/06/2023 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 6 JUNE 2023



Signature of a member or authorized representative of a member

ARATI PATEL

Typed or printed name of signee

Filing Fee: \$25.00