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(R	Requestor's Name)	_
	Address)	_
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(A	Address)	_
		_
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(B	Business Entity Name)	_
(D	Document Number)	_
(5	Social Control (Control Control Contro	
Certified Copies	Certificates of Status	
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Special Instructions to Fil	iling Officer:	
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Office Use Only



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COVER LETTER

ΓO: Registration So Division of Cor			
SUBJECT:	Official Be	xt 610	
	Name of Lim	ited Liability Company	
The evoluted Amioles of	Amandana and Garley are sub-	and the City	
	Amendment and fee(s) are sub	ū	
Please return all correspo	ondence concerning this matter	to the following:	
	lu	nt Benden Name of Person	
		Sender legal, 1/1 Firm/Company	
		P.O. Box 151283	
		Address	
		Tallahasta, 5/ 3. City/State and Zip Code	9363
	E-mail address: (i	City/State and Zip Code LEXT Bender Legs to be used for future annual reportment	fication)
Л	oncerning this matter, please ca		
Name o	f Person	at (<u>407</u>) <u>467-7</u> Area Code Daytim	7.2.75 c Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address:	
Registration S Division of C		Registration Se	
P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRE

OFFICIAL E	Best ILC	2023 FEB. 2.7	PM 6:1.7
(Name of the Limited Liability (A Florida	ty Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C	• •	<u> </u>	
Florida document number <u>L23 Cccs 79922</u>	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ted liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the o	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
			<u> </u>
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our i	ecords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	-	-	
New Registered Office Address:			
	Enter Flo	rida street address	
		Florida _	
	Cin	_	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	Melyjah Best	1484 Avan In, apt 18 North Lauderdale, 56 33068	Z/Add
		North Lauderdale, 56 33068	□Remove
			□Change
			□Remove
			□Change
			
			□Remove
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***************************************			□Add
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iffective	e date, if other than the date of filing: (optional)
f an effœi <u>Note:</u> - If	ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
record s	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
Dated	Feb 27,70.33
	Molyah Bev by (F.O.s) Signature of a member or authorized representative of a member
	Melyjak Best by Cut Bender, 859. (P.O. A) Typed or printed name of signce

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