L23000083478

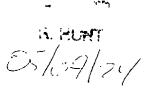
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800429178668

95/07/24--01838--007 **25.00



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: FULL	Name of Limited Liability Con		Ince LLC
The enclosed Articles of Amendment an	d fee(s) are submitted for filing	<u>,</u>	
Please return all correspondence concern	ning this matter to the following	ā:	
	eara Veo		
<u> </u>	Firm/Con	e Mainter	rance LLC
	5492 Lor	a view Rc	
Par	City/State and	•	33981
Dec	E-mail address: (to be used for fut	ure armual report notification)	<u>·Co</u> m (DeanaPa
For further information concerning this	matter, please call:		(3, 1, 1)
Deary Kear	75 at (73	Scode Daytime Telephor	ne Number
Enclosed is a check for the following an	nount:		
\$25.00 Filing Fee \$30.00 F Certific	ate of Status Certified	I Copy	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporation The Centre of Tallahass	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Rec 4/15

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All And Lines of Live State Communications		an ann manada i	
(Name of the Limited Liability Compa (A Florida Limited I	.iability Company)	is on our recorus.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L230008</u> 3	were filed on _	2115/3	3 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	300000	110	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the d	lesignation "LLC" or t	he 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 r	ecords, <u>enter the</u>	name of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	<i>;</i>	Florid:	а
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of	my duties, and L	am familiar with and

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> MGR	Name Thouas Van	Address 5 15492 Longvie	Type of Action
-		Port Charlotte Florida 33981	
		4101101 22101	Change
			□Add
			□Remove
			□Change
		•	,□Add
			Петоve
			- ©Change
			CŪAdd
			□Remove
			Change
			□Add
			🗆 Remove
		<u> </u>	Change
			□ Remove
			□Change

amending any other information, enter change(s) here: (Attach additional s	
	
	. .
	3
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more that ote: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the lis filed.	earlier of: (b) The 90th day after the
ated 4/4/2024.	
Signature of a member or authorized representative of a re	nember

Filing Fee: \$25.00