## L23000084752

(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



300415880933

09/18/23--01025--010 \*\*25.80

A. RIVERS

OCT 0 2 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Company as it now appears Florida Limited Liability Company)	s on our records.)	
(A	Florida Limited Liability Company)		
he Articles of Organization for this Limited Liab	oility Company were filed on 02	/16/2023	and assigned
orida document number	·		
his amendment is submitted to amend the follow	ving:		
. If amending name, enter the new name of the	he limited liability company he	<u>re</u> :	
ne new name must be distinguishable and contain the word	ds "Limited Liability Company," the de	esignation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicab	ole:		
Principal office address MUST BE A STREET	ADDRESS)		
	W		<u> </u>
nter new mailing address, if applicable:			
<u> Aailing address MAY BE A POST OFFICE BO</u>	<u> </u>		
	<del></del>	<del> </del>	
. If amending the registered agent and/or reg	=	ecords, <u>enter the n</u>	ame of the new registe
gent and/or the new registered office address	<u>here</u> :		7
Name of New Registered Agent:			
New Registered Office Address:			1
	Enter Florida street address		
		, Florida	
	City		Zip Code
ew Registered Agent's Signature, if changing Reg	gistered Agent:		
ew Registered Agent's Signature, if changing Regional control of the proper accept the obligations of my position as register as the control of the proper accept the obligations of my position as register.	gistered Agent:  Tgent and agree to act in this conditional complete performance of the second complete performance complete per	my duties, and I a Thapter 605, F.S. (	agree to comply m familiar with o Or, if this docume

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>tle</u>	<u>Name</u>	<u>Address</u>	Type of Action
GR	DAME MYERS	9648 US HWY 301 S #256	□Add
	·	RIVERVIEW, FL 33578	=Remove
			☐ Change
GR 	DAMION MYERS	9648 US HWY 301 S #256	
		RIVERVIEW, FL 33578	□ Remove
			□Change
			□Add
		<del></del>	□ Remove
			☐ Change
			□Add
			□ Remove
		·	□ Change
		<del></del>	□Add
			□Remove
			□Change
		- <del></del>	□Add
			□ Remove
			□Change

				<del></del>
	<u></u>	<del></del>	· · · · · · · · · · · · · · · · · · ·	
				<del></del>
<del></del>				
				<u></u>
	<del></del>			
				<del></del>
<del></del>	_			
<del></del>				
ffective date, if other than the data an effective date is listed, the date must be total. If the date inserted in this block ocument's effective date on the Department.	e specific and cannot be prior to k does not meet the applicab			
record specifies a delayed effective d d is filed.	late, but not an effective tim	e, at 12:01 a.m. on the e	arlier of: (b) The 90th day	after the
September 12 lated	2023	_ ·		
	CDavis			
	enature of a member or authori	zed representative of a me-	mber	_
CECE DAVIS	gnature of a member or authori	zed representative of a me	mber	_

Filing Fee: \$25.00