## C23 0000 90878

(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:
Special instructions to 1 lining Officer.





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2023 SEP -5 K410: 1



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: T-224'S Case	1.('
SUBJECT: 1-22 S CA C Name of Limit	ted Liability Company
	•
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing
Please return all correspondence concerning this matter	to the following:
I-sabe	Name of Person
I224's	S CAFELLC BS
146 A	Ve E G
Apalac	Address  MICOLA, FL 32320  City/State and Zip Code
	(to be used for future annual report notification)
For further information concerning this matter, please	call:
Timbil Pateritsas	at (850) U53-U327  Area Code Daytime Telephone Number
Name of Person	Area Code Dayania Volopius
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status  Check Was  Cashed on 9/8/23	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: 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

(Name of the Limited Liability Com	pany as it now appe	nes on one records.)			
The Articles of Organization for this Limited Liability Compar Florida document number			123	_ and assigr	ied
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company	here:			
•					
The new name must be distinguishable and contain the words "Limited Li	ability Company," th	e designation "LLC" (	or the abbro	rvizion "L.L. S	C.~ ~ ; ~ <u>F</u>
Enter new principal offices address, if applicable:	<del></del>			79	- <del></del>
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		<u>:</u>	- के	:
				31 10:	<u> </u>
Enter new mailing address, if applicable:	<del></del>				
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on o	ur records, <u>enter</u>	the name	e of the nev	<u>v register</u>
Name of New Registered Agent:					
New Registered Office Address:	Ente	r Florida sıreeı addre:	<u></u>		
		, FI	lorida		
	Ciny	<del></del>		Zip Code	<i>!</i>
New Registered Agent's Signature, if changing Registered Agent and hereby accept the appointment as registered agent and	<mark>ent:</mark> Lagree to act in	this capacity. I fi	urther aş	gree to cor	nply with
hereby accept the appointment as registered agent and	aleie performan	ce of my duties, a	ınd I am	familiar v	ith and

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: Please remove the authorized Member MGR = Manager listed below from the LLC. AMBR = Authorized Member Type of Action <u>Address</u> Title Name | 374 2151 AVC \_\_\_\_\_\_ DAD MBBB Zuchary J. Paul Apalachicola, FL 32320 (teremove □ Change — □Change \_\_\_\_\_ 🗆 Remove \_\_\_\_\_ □Change \_\_\_\_\_ Change

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fective date, if other the effective date is listed, the ote:  If the date inserted incument's effective date of	date must be specific and n this block does not m	eannor be prior to u eet the applicable	ate of filing or more the statutory filing req	(optiona an 90 days after fili uirements, this da	ne 1 Pursuant to 605.03
ecord specifies a delayed is filed	effective date, but not a	an effective time,	at 12:01 a.m. on th	e earlier of: (b)	The 90th day after t
1ed <u>24 01</u>	tober.	2023.			

Filing Fee: \$25.00