L23000103776

(Requestor's Name)
(Address)
(Address)
,
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration So Division of Cor				
SUBJECT: H	lograms for	Business		
·	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for tiling.		
Please return all correspo	ondence concerning this matter	to the following:		C 28
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		ory Kay		2023 HAR 13
		/ Name of Person		<u>.</u>
	Hologa	Name of Person Ams for Bus Time Company Ave. #19	-Ne55	H&R 13 AH 8:
	216 Angle	or Ave. #19	7	25 ATE
		Address		
	Fort Walt	On Beach FL City State and Zip Code	· 725	48
	(City/State and Zip Code	. 1	
	1+01091915+ 1-mail address (1	or Business Q	Imail (Citication)	om
For further information c	oncerning this matter, please ca	11:		
Cor	Y Kay	at (<u>228)</u> 34 Area Code Daylimo	4 5112	2
Name o	t'Person	Area Code Daytimo	c Telephone Number	
Enclosed is a check for th	he following amount:			
☐ \$25.00 Filing Fee	DS30.00 Filing Fee &	□ \$55,00 Filing Fee &	□ \$60.00 Fili	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certified C	of Status & Topy opy is enclosed)
Mailing Addres		Street Address:		
Registration S Division of C		Registration Sec Division of Cor		
P.O. Box 632		The Centre of T	•	

Tallahassee, FL 32314

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 appears on our rec	ords.)		
	d Liability Company)	1		
The Articles of Organization for this Limited Liability Compar	w were filed on $\frac{2}{2}$	カタ an	d assign	ed
Florida document number <u>L 2300010377</u>	7 K	/	o amen	CCI
- I wild document manner	~			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	hility company here:			
-	to the second se			
The new name must be distinguishable and contain the words "Limited Lia	hility Company " the designation "I	I (" or the abbreviates	m"ll(
	only a surpairy. The designment is	and the desire vianto	201	
Enter new principal offices address, if applicable:			<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		' 	: :} 	i.
			3	1
		c		
Enter new mailing address, if applicable:		ta tan	AH 8	المعدد المدادة
(Mailing address MAY BE A POST OFFICE BOX)	·	근된	~ <u>~~</u>	
Ordining didness SIAT BE A POST OFFICE BOAT		 -	–ણ̃–-	
	···		 -	
R. If amonding the registered areas and a maintained affine	. 1 1			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the	<u>ņew re</u>	gistere
Name of New Registered Agent:				
Maine of New Registered Agent.		-		
New Registered Office Address:				
	Enter Florida street add	fress		
	,	Florida		
	City:	Zıp C	ode	

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 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	Cory Ray	216 Angler Ave. #19	_ EAJJ
		216 Angler Ave. #19 Fort Wolton Beach, FL	□Remove
		32548	□Change
			DAdd
			□Remove
			[] Change
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			□Remove
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			_ Cladd
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			_ □ Remove

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)	
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<u>sore:</u>	ve date, if other than the date of filing:	o nal) liling.) Pursuant to 605 8 date will not be list	5 0207 (3 x) ed as the
f the record ecord is fil). The 90th day afte	r the
Dated _.	3/10/2023. Low lay		
	low lay	_ S _ z	့
	Signature of a member or authorized representative of a member		333
	Cory Ray Typed or printed name of Agrice	***	<u>"]</u> [