## L23000110991

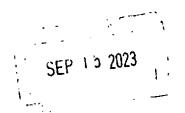
(Requestor's Name)	<del>_</del> .
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	š
Special Instructions to Filing Officer:	•
<del></del>	
Office Use Only	



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## **COVER LETTER**

Division of Corpor.	atiòns		
SUBJECT: TOMORY	OMS FUTUY Q Name of Limi	Daylard Facilited Liability Company	ity LLC
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponder	nce concerning this matter	to the following:	
-	Ale	X 2 YOY A A LX I Name of Person	
		Firm/Company	<del></del>
<u> </u>	2547 Bohar	MON BIUD	<del></del>
-	Octando, FC	32874 City/State and Zip Code	
Î	Day aretomore E-mail address: (1	TOWN FUTURE annual report nouf	MallocoM (cation)
For further information conce			
Allxandra A	Son Son	at (HO7) 485 - Area Code Daytime	Telephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	3\$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 Address: Registration Sect	ion	Street Address: Registration Sec	tion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

ro:

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

3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered igent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ado	tress
<u></u>	,	Florida
	City	Zip Code

iew Registered Agent's Signature, if changing Registered Agent:

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

f 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>l'itle</u>	<u>Name</u>	Address	Type of Action
MGR	Alexandra Alexi	12567 Bohannon Blud, (	DADAD EVAGA
		FL 37824	□Remove
			□Сһапде
			□Add
			□Remove
			□Change
		<del> </del>	□ Add
		□ Remove	
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		□Remove	
		Change	
			□Add
			□Remove
			□Change

11 amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del>-</del>
	<del></del>
(If an effecti Note: If	date, if other than the date of filing:
ne record s ord is filed	pecifies 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	Aug 7.9 . 2073 .
	Signature of a member or authorized representative of a member
	A LX3 m/r A LX Typed or printed name of signee

D.