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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	- De over from	Fig Cops of Fill Company	
	Name of Limi	ted Liability Company	
The enclosed Articles of z	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Paris	Name of Person	
		Name of Person	
	Purpuie	OVER TRUET CONSU	175
	10/2 Kell	Stack St Ny) Address	
	Port Char	Construined Via Code	<u> </u>
	Vi-mail address: (1	City/State and Zip Code PORT IC A STATE of be used for future annual report notifi	Correction)
For further information co	oncerning this matter, please ca		
Pwi, Name of	Person	at ()	: Telephone Number
Enclosed is a check for th	e following amount:		
☑ \$25.00 Filing Fee	☐ \$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 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

•	Or	27777	,
(Name of the Limited Liability Com	Profit pany as it now a	COUSULTS ppear on our records. any)	P(64:21
The Articles of Organization for this Limited Liability Compar Florida document number 12300114950.		· · · · · · · · · · · · · · · · · · ·	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility compa	ny here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company.	the designation "LLC"	or the 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 agent and/or the new registered office address here:	e address on o	our records, <u>enter tl</u>	ne name of the new register
Name of New Registered Agent:			
New Registered Office Address:	Frit	r Florida street address	
	17/11		
	City	Flor	ida ZgrCode
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet	e performane	e of my duties, and	Lam 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBZ</u>	Paris L Pavell	612 Kellstalt St NW Port Charlotte FI 33952	9 X Add
		Port Charlotte FI 33952	□Remove
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date is listed, the date inserted	e date must be sp in this block d	pecific and cooperate on the cooperate of the cooperate o	annot be price	icable statuti	ling or more than	n 90 days after (filing.) Pursuant i	to 605,0207 be listed as (
zifies a delaye	d effective date	e, but not a	n effective	time, at 12:0)1 a.m. on the	earlier of: (b)	The 90th day	y after the
May	19th		2023	<u>></u> .				
			ح ر					
<u> </u>	Signa	iture of a me	mber or and	horized repre	sentative of a m	ember		
	7	, ζ,	ì					
	date is listed, the date inserted effective date diffes a delayer	date is listed, the date must be specified in this block dieffective date on the Departicities a delayed effective date. Signa	date is listed, the date must be specific and est date inserted in this block does not me effective date on the Department of Statistics a delayed effective date, but not a Signature of a me	edate inserted in this block does not meet the applieffective date on the Department of State's record cifies a delayed effective date, but not an effective Signature of a member or and	date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable statute effective date on the Department of State's records. Cifies a delayed effective date, but not an effective time, at 12:6 Signature of a member or authorized representation of the date of	date is listed, the date must be specific and cannot be prior to date of filing or more that date inserted in this block does not meet the applicable statutory filing requieffective date on the Department of State's records. Cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the Signature of a member or authorized representative of a member or authorized representative of a member of authorized representative of a me	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after date inserted in this block does not meet the applicable statutory filing requirements, this effective date on the Department of State's records. Cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Signature of a member or authorized representative of a member	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant date inserted in this block does not meet the applicable statutory filing requirements, this date will not be effective date on the Department of State's records. Cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day 17th 2023 Signature of a member or authorized representative of a member

Filing Fee: \$25.00