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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(City/State/Zip/Fnone #)	
☐ PICK-UP ☐ WAIT ☐ MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
ODNE	_
Special Instructions to Filing Officer: J. HORNE	
OCT 13 2023	

Office Use Only



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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	_	and Company L	LC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		Broken Rus Name of Person	<u></u>
		Firm/Company	
	222 Mac Cato	Address	
	Midury FA	City/State and Zip Code City/State and Zip Code Code	Tication)
For further information cor	ncerning this matter, please ca		
Bretzen K Name of I) USS Person	at (<u>850</u>) <u>443 · 53</u> Area Code Daytime	33 7 Telephone Number
Enclosed is a check for the	following amount:		
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

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

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 23 007 13 PH to 26

Name of the Limited I	Liability Compan Florida Limited Li	y as il now appears on ability Company)	our records.)	AL AND
The Articles of Organization for this Limited Liabi	ility Company v	were filed on $3/$	5/2023	and assigned
Florida document number		,		
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	<u>e limited liabil</u>	ity company here:		
The new name must be distinguishable and contain the words	s "Limited Liabilit	ty Company," the design	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicabl	e:			
(Principal office address MUST BE A STREET A	(DDRESS)		<u>.</u> .	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office ac ere:	ddress on our recor	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida si	reet address	
_			, Florida	
		City		Zip Code

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 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>	Name	<u>Address</u>	Type of Action
AMBK	Russia Russ		🗆 Add
		222 Mar Cato Dr Michay FL 3234	<u>7</u> ⊡Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
			□ Remove
			□Change
			□Add
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			🗆 Change
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			Remove
		 	Change
			🗆 Add
			□ Remove
			□Change

7. II aii	sending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e	tive date, if other than the date of filing: (optional) flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
docu	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Brakeein Rus S Typed or printed name of signee

Filing Fee: \$25.00