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(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:  J. HORNE  APR 10 2023		
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(Bus	iness Entity Name	e)
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## COVER LETTER

TO: Registration Section Division of Corporations	
Co 323 LLC	
SUBJECT: Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
James Edward Famble Name of Person	
CO323 LLC Firm Company	
10006 Journeys End	
Tallahassee FL 32312	
Tallahassee FL 32312  City'State and Zip Code  jamble 1@aH-net  Jo E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
James Edward Gamble at (678) 372-9422 Name of Person Daytime Telephone	<del>\</del>
Name of Person Area Code Daytime Telephone	Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy (Cadditional copy is enclosed)	60,00 Filing Fee. Tertificate of Status & Tertified 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 ORGANIZ	AHON '	
OF	2023 APP 10 By .	

CH ED

(Name of the Limited Liability Compared Limited Limite	
The Articles of Organization for this Limited Liability Company Florida document number - 12300138196	were filed on 21 Mar 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L1.C" or the abbreviation "L.1C,"
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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	

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.

Cny

Enter Florida street address

\_, Florida \_

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
CEO	James	Edward Fame	de 10006 Journeys 5	<u>nd</u> □Add
			de 10006 Journeys 5 Tallahassee, FL 3231	? □Remove
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i <mark>te:</mark> If the da	, if other than the sis listed, the date more terms erted in this bective date on the l	block does not m	eet the applicab	date of filing or mode statutory filing	(option of the control of the contro	onal) filing.) Pursuant to 605.0 date will not be listed	1207 d as
cord specifi is filed.	:s a delayed effect	ive date, but not .	an effective tim	e, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after t	the
C <b>/</b> tea	April		2023	- ·			
		, > /					
		D/1	monthor or authori	zed representative of	at's member	<del></del>	

Filing Fee: \$25.00