1-23000142238

(Re	questor's Name)	
·	ŕ	
(Ad	ldress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phone	o #)
(Oil	.y/ Otal C/21p// 110110	~ #;
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(0-		
(00	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
117	mills	
	1 1 11 1)	

Office Use Only



600425086266

03/04/24 -010/1--010 **20/40

10:0:0:0:0

COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations		
SUBJECT: GOOD Khight Proposed Name of Limit	Derty Specialist LC ed Liability Company	
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondence concerning this matter to	o the following:	
Ebony Eve	Name of Person	
food Knigh	t Property Specialist (LC	
2039 Hartland Crossing Way Apr 7104		
Orlando, Fl 3	SQ810 City/State and Zip Code	
	be used for future annual report notification)	
For further information concerning this matter, please cal	и:	
Ftoy F Verett Name of Person	at (460) 5 05-9838 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
□ \$25.00 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: Street Address:		
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp.	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 12300 01 4223 8	were filed on 3/20/202	3 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lutions LLC dility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2639 Maitland Apt. 7-104 Glando, FL 3	Crossing Way
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2639 mattend Apt 7-104 Orlando, Fl 30	Crossing Way
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	e name of the new registered
Name of New Registered Agent:	 -	
New Registered Office Address:	Enter Florida street address	
-	Flori	i da Zip Code
	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 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>myc</u>	Donnie Knight	4575 Cayl Dr. Apt 203	□Add
		4575 Care Dr. Apr 203 Onandy RL 32812	Z□Rem ove
		 -	□Add
			□Remove
			□Change
			□Add
			. : □Remove
			∵? ☐Change
			🗆 Add
			🗆 Remove
	_		🗆 Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Please change the address of the business
Flase change the address of the business from 4575 Cove Dr. #203 Orlando, Ft 32812
to 23to 2639 Martland Crossing Way
5/Lando, Fr 32810

E. Effective date, if other than the date of filing:
If the record 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 record is filed.
Cebruary 29
Dated 2/29 23 . 2023.
Signature of a member or authorized representative of a member
Cm. Cyocalli
Typed or printed name of signee