## L23000148311

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2024 JUN -4 PK 3: 05 SECRETARY SESTIME

amend/ Name Change

JUL 1 6 2024

D CUSHING

## COVER LETTER TO: Registration Section Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call:

Enclosed is a check for the 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 OF

d Cictavays LLC pany as it now appears on fur records.) I Liability Company)
by were filed on WWCh 13th 2023 and assigned
bility company here:  Uning LLC  bility company," the designation "LLC" or the abbreviation "L.L.C."
5824 Bec Rober Rd Salasota Fi 34238 F
5824 fre Rodge Rotz III Sarasta Fl 34288 w
address on our records, enter the name of the new registered
Enter Florida street 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>	<u>Name</u>	Address	Type of Action
i <u>Mge</u>	Mikal Carnegic	5530 Fountain Lake Cir Beadenlon, Ft 34207	XAdd
			□Remove
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			□Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an ef <u>Note:</u>	(optional)  Tective date, if other than the date of filing:  [Coptional]  Tective 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).  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the recordecord is fi	ed 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 led.
Dated	May 5th 2024 Signature of a member or authorized representative of a member
	Dionna Austin  Typed or printed name of signee

Filing Fee: \$25.00