L23600167878

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SECRETARY OF STATE

A. RIVERS

JUN - 7 2023

COVER LETTER

	egistration Sec ivision of Corp			
	Ally n Arch	ie LLC		
SUBJECT	`	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	m all correspo	ndence concerning this matter	to the following:	
		Linda Baxley		
			Name of Person	
		Ally N archie LLC		
			Firm/Company	
		12050 Cavern road		
			Address	
		Springhill, Fl 34609		
			City/State and Zip Code	
		lynbax 18@gmail.com	to be used for future annual report noti	Eastion)
				neation)
For further	information co	oncerning this matter, please ca	all:	
Linda Bax	ley		727 373-8089 at ()	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed i	s a check for th	ne following amount:		
\$25.00) Filing Fec	□ \$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

Ally n Archie LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L23000167878</u> .	any were filed on 04/04/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability 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: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address , Florida	FILE D
	City	TOP Code
New Registered Agent's Signature, if changing Registered Age	nt:	

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 ameading 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>	<u>Address</u>	Type of Action
MGR	Baxley, Linda M	12050 Cavern Road, Springhill, Fl. 34609	
			□ Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			Change
			□Add
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			□Remove
			□ Change

please add our EIN # 86-249954	2			
Thank you		<u> </u>		
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			(ont	ional)
ctive date, if other than the date effective date is listed, the date must be e: If the date inserted in this block ament's effective date on the Department.	e specific and cannot be p c does not meet the app	plicable statutory fil	more than 90 days after	er filing.) Pursuant to 605.02
ord specifies a delayed effective d filed.	ate, but not an effectiv	e time, at 12:01 a.m	n. on the earlier of: (b) The 90th day after th
04/18/2023 ed	LB			
4.				