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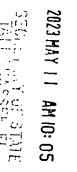
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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	Name of Lim	ited Liability Company	<i>D</i>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DAN Le	Clozue	
	lav Berv =	Name of Person TCCHNOlogy JO Firm/Company	<i>rup</i>
	16696 7	Address	
	Winter GARLE	City/State and Zip Code	7
	MNDE DE LOTTE	if tech COM to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c	all:	
AN De	LOZIER	at (407) 907-	5227
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 Addres	e.	Street Address:	

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

Λ.

(Name of the Limited Liability (A Florida	ty Company as it now appears on a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	14/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company." the design	ation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	·
(Principal office address MUST BE A STREET ADDR	RESS)		
		-1(_)	123
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Enter new mailing address, if applicable:			=
(Mailing address MAY BE A POST OFFICE BOX)		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
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			05
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address 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	treet 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 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 Mi-K	OAN L DETOZIER	16696 Toccor Row Winter GARden FL, 3478	i≱Add
// <i>[[-</i> K		Winter GARden FL, 3478	Z □Remove
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ii aiiic	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an eff <u>Note:</u>	ve date, if other than the date of filing:
e recor rd is fil	d 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 ed.
Dated	4/35/2003 . 2023 .
	Signature of a member or authorized representative of a member
	Typed or printed name of signee