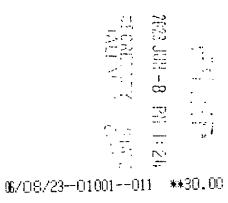
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(Re	equestor's Name)	
(Ac	ddress)	
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(Ac	ddress)	
(Cil	ty/State/Zip/Phone #)	
PICK-UP	WAIT MA	NL.
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filin	ng Officer:	

Office Use Only



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RECEIVED

COVER LETTER

TO:

TO: Registration Division of C			
SUBJECT:	U EXPress	nited Liability Company	
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Rodner	Name of Person	
		Firm√Company	
			2823 55.0 15.0
	CITE Ne	3rd Place	1023 JULI - 8
	Camesvil	le Florida 3	2641
	Rodreywill E-mail address:	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	Caul 3
For further information	concerning this matter, please c		
Rodney	of Person	at (<u>ASZ</u>) <u>301 – t</u> Area Code Daytim	c Telephone Number
Enclosed is a check for	the following amount:		
☐ \$25.00 Filing Fee	\$2 \$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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

() Extens () C	·	
(A Florida	ty Company as it now appears on ou i Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability C		4/2023 and assigned
Florida document number <u>L 2300018281 r</u>	<i>O</i> .	
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 designation	on "L.L.C" or the abbreviation "L.LC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
		28.5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered	t office address on our records	enter the name of the new registeres
agent and/or the new registered office address here:	white address on our records	ener the hame of the new registered
Name of New Registered Agent:		
		······
New Registered Office Address:	Enter Florida stree	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
man	Rodney williams	ZILLE ME 312 Place	™ Add
		Coainesville (.1 32641	□Remove
			□ Change
Mar.	Francisha Perryman	ZII le ne 3rd Place	🗆 Add
		Commessive C.132641	[I]Kemove
		44.11.	□Change
			El Gadd
			Fig. ∞
			☐ Chánge
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Effective date, fan effective date	if other than the dat is listed, the date must be	te of filing:	be prior to date of f	iling or more than 90	(optional	l) ig.) Pursuant to 60	5.0207
	e inserted in this block ctive date on the Depar			ory ming requires	ients, this da	te will not be its	sted as
record specifies d is filed.	s a delayed effective da	te, but not an eff	ective time, at 12:	01 a.m. on the ear	lier of: (b)	The 90th day aft	er the
Dated OU	sign Rodner	·	·				
\wp		1					
T L	20 k 2	Survey					
M	Sign	nature of a member	or authorized repre	sentative of a memb	er		

Filing Fee: \$25.00