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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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05/01/23--01014--016 **25.00



Y. SCOTT
JUN 1 8 2023

COVER LETTER

TO: Registration Sec Division of Corp			:
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Patricia Cini Riv	Name of Person	
	4304 On	Firm/Company Canguage Cycl-C	2023 15
	Labeland	FI 33813	
	Cinhun 25 E-mail address: (City/State and Zip Code 3	ation)
For further information co	oncerning this matter, please ca	all:	့် တ
PATT (Q (Marcs Person	at (813) 710 Area Code Daytime T	elephone Number
Enclosed is a check for th	e 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 S	ection	Street Address: Registration Section	
Division of Co	OLDOTATIONS	Division of Corpo	лаионs

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CIN & Bun LAC

(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	: <u>as it now appears on our records.</u>) ibility Company)
The Articles of Organization for this Limited Liability Company we Florida document number 123000 19 03 73.	were filed on $\frac{April 17,2023}{2023}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability Concern Land (add) The new name must be distinguishable and contain the words "Limited Liability	line a extra n onto ward line
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	1023 IIA
(Mailing address MAY BE A POST OFFICE BOX)	1 van
B. If amending the registered agent and/or registered office ad	dress on our records, enter the name of the new registered
agent and/or the new registered office address here:	··· (3)
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Persón(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
	MA-		🗆 Add
	1		□ Remove
		 	□Change
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Note: If the date in	other than the date listed, the date must be sp nserted in this block d we date on the Departi	oes not meet the	e applicable			(optional) ys after filing its, this date	g.) Pursuai	nt to 605.02 t be listed :
	delayed effective date	e, but not an effe	ective time,	at 12:01 a.m.	on the earlier	of: (b) T	he 90th c	lay after th
rd is filed.	1 28, 202	,3						
ord is filed.	128, 202 Pyly Patrical	,3 , ,2 <u>C</u>	·					

Filing Fee: \$25.00