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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: J. Kelly Name of L.	Meyer LLC imited Biability Company
The enclosed Articles of Amendment and fee(s) are so	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following:
<i></i>	Phnifer K. Meyer Name of Person
	Firm/Company
	Lighland Rd. Address
Tarpon.	Springs FL. 34689 City/State and Zip Code
E-mail holdress	• Meyer Qualyo. Com. s: (to be used for future annual report notification)
For further information concerning this matter, please	e call:
Jennifer K. Meyer Name of Person	at (727) 481-3512 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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	Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	Kelly D	Never LLC nv as if now appears on our records.)	
(A Florida Limited I	lability Company)	
The Articles of Organization for this Limited Lie Florida document number $\angle 23000193$		were filed on <u>4-19-23</u>	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	rk. Me	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	N/A	
(Principal office address MUST BE A STREET	T ADDRESS)	•	
		.	
Enter new mailing address, if applicable:		NA	
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>		
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records, enter the nam	ne of the new registered
Name of New Registered Agent:	_N/A		202
New Registered Office Address:	7		
New Registered Office Address.		Enter Florida street address	33. 72.
		, Florida	
		City	Zip Gode 🍱 _
New Registered Agent's Signature, if changing R	egistered Agent:		동설 대
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this of	er and complete stered agent as p registered office	performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and the if this document is
	If Char	nging Registered Agent, Signature of New R	egistered 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
			□Add
			□Remove
		 	Change
			□Add
			□Remove
		-	Change
			□ Add
			Remove
			□Change
			Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
`an e <mark>vote</mark> :	tive date, if other than the date of filing:
	ord 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 filed.
atec	<u>5-18-23</u>
	IIII.
	Signature of a member of authorized representative of a member
	Jennifer K. Meyer

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Filing Fee: \$25.00