L23000204751

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300408011413

05/03/23--01013--013 *+25.00

202311111-2 P11 2:41

S. ROBERTS

JUN 2 1 2023

COVER LETTER

TO:

Registration Section

Division of Co	orporations		
	c Street LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Gina Byrd		
		Name of Person	
	Gina Byrd CPA		
		Firm/Company	
	7 N Vernon Avenue		
		Address	
		City/State and Zip Code	
	Kissimmee, FL 34741		
	E-mail address: (to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
Gina Byrd		407 7092109	
Name	of Person	at ()	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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 327	Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroe Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

bility Company as it now appears on our records rida Limited Liability Company)	
y Company were filed on 04/25/2023	and assigned
 ·	
:	
imited liability company here:	
Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
	23
DRESS)	
	25
	2.
	
ered office address on our records, <u>enter t</u> <u>e</u> :	he name of the new regist
Enter Plantela cinar address	
	rida
	c Company were filed on 04/25/2023 imited liability company here: Limited Liability Company." the designation "LLC" DRESS) red office address on our records, enter t

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
MGR	Stacy G Gray	739 Swann Dr	≅Add
		Lakeland, FL 33809	□Remove
			☐ Change
MGR David Gray	David Gray	739 Swann Dr	
	Lakeland, FL 33809	■Remove	
			Change
			□Add
			□Remove
			□Change
			Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□ Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	
	-
F.66	Supplies to the state of the contract of the c
Note:	tive date, if other than the date of filing:
he reco ord is f	rd 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 iled.
Dated	04232023
Dated	The state of the s
	May
	Signature of a mamber or authorized representative of a member

Filing Fee: \$25.00