L23000211082

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinoik Halliber)
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COVER LETTER

SUBJECT: E-LO	Sase Inves	+ MON GY (d Liability Company	welle
The enclosed Articles of Am	endment and fee(s) are submi	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Registration	Section 5 Name of Person	
	DIVISION	Of Corpora	tions_
	Po Box L	2327 Address	
-	Tallahas	Seo FL 323 City/State and Zip Code	314
-	Etcaseinvit E-mail address: (to	be used for future annual report notifi	Imail, Com cation)
For further information cone	erning this matter, please call	:	
Shanon T	Synon	at (<u>954</u>) <u>395</u> — Daytime	540 6 Telephone Number
Enclosed is a check for the fo	ollowing 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION [* **OF**

(A Florida Limite	ed Liability Company) (AL: Long St.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 33000211082</u>	ny were filed on $4-28-2023$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liz	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	, Florida
New Registered Agent's Signature, if changing Registered Agen	nt:

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>	Name	Address	Type of Action
MGR	Beginald Crow	TITUSVIILE FL. 32780	X Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(It an e : <u>Note</u>	tive date, if other than the date of filing:
ne 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	7-5-2023
	Signature of a member or authorized representative of a member
	Shanna a
	Typed or printed name of signee

Filing Fee: \$25.00