## L23000219588

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PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: Ses HUA	Name of Limit	ed Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are subn	nitted for filing.	
Please return all corresponden	ce concerning this matter to	o the following:	
-	JOSYVA E B	Name of Person	
_		Firm/Company	
-	7384 BAYH;	Address	<del></del>
_	VierA 1	City/State and Zip Code  FL Realfor@ Gmaj  be used for future annual report notif	1. com
For further information conce			ication)
Scshua Bailes Name of Pers	con	at ( <u>'//0</u> ) 37/- 5 Area Code Daytime	7 4 2 / e Telephone Number
Enclosed is a check for the following	llowing amount:		
\$25.00 Filing Fee	330.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our reco ed Liability Company)	rds.)
	_	
Florida document number <u>L230002/9588</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	endment is submitted to amend the following:  mending name, enter the new name of the limited liability company here:  mame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  ew principal offices address, if applicable:  pal office address MUST BE A STREET ADDRESS)  ew mailing address, if applicable:  g address MAY BE A POST OFFICE BOX)  The property of the pay registered agent and/or registered office address on our records, enter the name of the pay registered	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "Ll	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		2023 H SECR TALLA
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		59 <b>a</b> D
B. If amending the registered agent and/or registered office address here:	ce address on our records, <u>emo</u>	er the hathear the pay registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
	, i	F <b>lorida</b> Zip Code
	~ · · ·	<i>i</i>

## 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 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
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		Meltrusine, FL 32940	□Remove
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