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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Michelle Lynn Suite LUC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michelle Sutton
michelle Lynn Suite UCC Firm/Company
313 5.104h St Address
Fernandina Beach FL 32034 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 MAY 19 AM 3:23

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	nay 3, 2023	and assigned
Florida document number <u>L 23000219918</u> .		,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or the abbrevi	ation "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 office	address on our re	ecords, enter the name of	the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
		ida street address	
	City	, Florida Z	in Code
New Registered Agent's Signature, if changing Registered Agent:	•	_	,
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this of performance of provided for in C	my duties, and I am fami Thapter 605, F.S. Or, if th	liar with and is document is
If Cha	nging Registered Age	ent, Signature of New Register	ed 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	Michelle Lsutten	3135.10tb St	\dd
		Fernandima Ban,	FL □Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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lf an effect <u>Note:</u> If	e date, if other to ive date is listed, the the date inserted it's effective date	date must be in this block	specific and canno does not meet the	ot be prior to date ne applicable st	of filing or more	han 90 days afte			
record s d is filed	specifies a delayed	l effective da	te, but not an ef	fective time, at	12:01 a.m. on t	he earlier of: (t	o) The 90	th day after th	ne
Dated <u>(</u>	ray 19	1, 202) <u>U</u>)3, JUL nature of a member	er or authorized r	epresentative of a	member			
			min.	d or printed nam			<u> </u>		

Filing Fee: \$25.00