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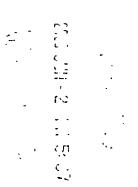
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A. RIVERS
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT.	A1. F	Earthunds	UC
30091	r.c.i.	Name of Limi	ted Liability Company	
The en	nclosed Articles of Amendmen	t and fee(s) are subt	nitted for fiting.	
Please	e return all correspondence con-	cerning this matter t	to the following:	
		<u>S</u>	Jeohanie S	posaro
			Name of Person	ı
		Sleg	(h) Into	lappiness
				ρ / ο.
		1344	Edgewater (Address	Beach Vrive
		Lake	land, FL	33805
		admin a	City/State and Zip Code aleath.lo	and
			o be used for future annual	report notification)
For fur	rther information concerning the	is matter, please ca	III:	
	Stanie Name of Person	Sposaro	at (SO)	Daytime Telephone Number
Enclos	sed is a check for the following	; amount:		
\$2	-	0 Filing Fee & ificate of Status	☐ \$55,00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &
	Mailing Address: Registration Section			ration Section
	Division of Corporation	ıs	Divisio	on of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

A1 Farthunks LLC	
(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 5/5/23	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the al	obreviation "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 records, enter the namagent and/or the new registered office address here:	ne of the new registere
Name of New Registered Agent:	~ ~
New Registered Office Address:	
Enter Florida street address . Florida	19 9. 19 9.
City	Zip Code
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 th 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Jim Delp	4730 Green Road	□Add
		Lakeland, FL 3381	Remove
			/ □Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
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Note: If the	late, if other than the date date is listed, the date must be date inserted in this blocks effective date on the Department	k does not meet the	e applicable statuto	ng or more than 90 or ry filing requirem	(optional) lays after filing.) Purs ents, this date will	mant to 605,0207 not be listed as
record sp rd is filed.	ecifies a delayed effective of	late, but not an effe	ective time, at 12:0	l a.m. on the earli	er of: (b) The 90t	h day after the
Dated	May 30	mi	2023. Mad M			
	Si	gnature of a member	r or authorized repres	entative of a member	er .	
			^			