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Office Use Only



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2029 MAY 30 PM 5: 22 SECRETARY OF STATE ALLAHASSEE, FLORID

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## **COVER LETTER**

TO: Registration Se Division of Cor			. •
	TERPRISES LLC		
SUBJECT:	Name of Limit	ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	VICTOR J. MAZZELLA, (	CPA	
		Name of Person	
	VICTOR J. MAZZELLA,	CPA,PA	
		Firm/Company	
	1408 SE 17TH AVENUE.	SUITE F	
	<del></del>	Address	<del></del>
	CAPE CORAL, FLORIDA	. 33990	
		City/State and Zip Code	
	VMAZZELLA@AOL.COM		
	E-mail address: (t	o be used for future annual report notif	fication)
For further information of	concerning this matter, please ca	di:	
VICTOR J. MAZZELLA, CPA		239 772-2229	
Name o	of Person	ISES LLC  Name of Limited Liability Company  Iment and fee(s) are submitted for filing.  c concerning this matter to the following:  CTOR J. MAZZELLA, CPA  Name of Person  CTOR J. MAZZELLA, CPA  Firm/Company  08 SE 17TH AVENUE, SUITE F  Address  APE CORAL, FLORIDA 33990  City/State and Zip Code  IAZZELLA@AOL.COM  E-mail address: (to be used for future annual report notification)  ting this matter, please call:  A 239 772-2229  Area Code Daytime Telephone Number  Dowing amount:  S30,00 Filing Fee & Certificate of Status & Certificate of Status & Certificed Copy (additional copy is enclosed)  Street Address: Registration Section	
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
Mailing Addre Registration			ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Office Address:	1408 SE 17TH	I AVENUE, SUITE F			
Name of New Registered Agent:	VICTOR J. MAZZELLA, CPA				
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : ss here:	address on our records,	enter the nam	Fof the read	registere
				다. <b>양</b> .	
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(Mailing address MAY BE A POST OFFICE	BOX)		(	30 A:₹	
Enter new mailing address, if applicable:				AR HAY	Ti:
				25.E.C.	
(17mctput office duaress MOST DE 1101 NEE	.1 111111111111111111111111111111111111	JEFFERSON, GA 30549	9		
(Principal office address MUST BE A STREE		461 HOPE HAVEN RO	AD		
Enter new principal offices address, if applic	rable:				
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	n "LLC" or the abt	oreviation "L.I	C."
A. If amending name, enter the new name o	<u>f the limited liab</u>	ility company here:			
This amendment is submitted to amend the foll	_				
Florida document number L23000239926	·				
The Articles of Organization for this Limited L	iability Company	were filed on MAT 10, 2		and assi	gned
		MAV 16.2	023		
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	<u>records.</u> )		
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records.)		

## 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.

Tist & W nella

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
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f an effect <u>Note:</u> - If	tive date is lis `the date ins	ther than the ted, the date moderted in this to be date on the l	ist he specific block does no	and cannot lot meet the	ne prior to di applicable	ate of filing o	r more than		er filing.	.) Pursua		
record s d is filed		lelayed effecti	ve date, but	not an effe	ctive time,	at 12:01 a.	m. on the e	arlier of: (	b) Th	ie 90th o	day after	r the
Dated	Ma	y 25 Marl		2	023							
	$\checkmark$	Marl	July Sanatura a	fa member	or authorize	d representa	tive of a me	mber				
		, ,	y ignature o	i a memoer	<b>44-1</b>							

Filing Fee: \$25.00