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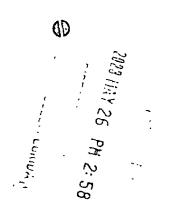
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	
	J. HORNE
	MAY 2 6 2023





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## COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: 1SI AND SEAFON AUCE LLC 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:
Caville Hayners Name of Person
Island Seatord Auce LC
1011 N' Morrose Address
Tallahassee F1 32701 City/State and Zip Code
E-mail address: (to be used for future andual report notification)
For further information concerning this matter, please call:
Name of Person at (Sto) L73 5730  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:

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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 Tallahacece El 32303

ARTICLES OF AMENDMENT		
TO		
ARTICLES OF ORGANIZATION		
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF  SCONT PM 2:57  [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   11   23 and assigned Florida document number <u>L23000241934</u>		
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 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:		
Name of New Registered Agent: Camille Haynes		
New Registered Office Address: 1019 Nonce  Enter Florida street address		
Tallahossee , Florida 3230)		

## 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 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 Title Name Address Type of Action Rashad Bailey DAdd Artser Rashad Douley 1019 N Monne Demove Tallahaste F132303 -Change MGR Canille Haynes 1019 N Monoc Toda Tallahasse F131503 - Remove \_\_\_\_\_ □Change Remove \_\_\_\_\_ □Remove \_\_ □Remove \_\_\_\_\_ 🗆 🗆 🗆 🗆 Add

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`an effe <del>Vote:</del> i	ve date, if other than the date of filing:
record I is file	I 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 ed.
ated _	Signature of a member or authorized representative of a member
	Camille Hayno Typed of printed name of signee

Filing Fee: \$25.00