# L23000243376

(Requestor's Name)	
(Address)	_
(Address)	—
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Document Number)	<del></del>
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A. RIVERS

AUJ HILL

### **COVER LETTER**

TO: Registration Se Division of Cor		a.	
SUBJECT:	Name of Lim	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
For further information o	Cympa, with	Name of Person  Name of Person  ACA C  Firm/Company  Address  Address  City/State and Zip Code  Six Company  to be used for return annual report notificall.	304 Tication)
i i	? . 0 s . 1	an.	A
Cyptay 21 Name of	Person	at ( <u>\$63</u> ) <u>414 – A</u> Area Code Daytime	E Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 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	æ	Street 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

Lystay 12122	<u> </u>
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 23000243376</u>	ere filed on OS 15 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty 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)	
	75 T
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cuy Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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	<u>Name</u>	Address	Type of Action
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(If an eff Note:	ive date, if other than the date of filing:
ne recor ord is fi	d 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 details are delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b).
Dated	7th July 2023
	There waste
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00