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# **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	FTTFP LL	C	
	Name of Limite	d Liability Company	
The enclosed Articles o	of Amendment and fee(s) are subm	itted for filing.	
Please return all corresp	oondence concerning this matter to	the following:	
	Chis S	Thurston	
	GttFP	Name of Person	<u>.</u>
	_	Firm/Company	
	3001 11/14	th Ave	
		Address	
	Peusacola Fo	1.32503	
		Cityrosaic and Ligit Code	
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For further information	concerning this matter, please call	:	
Clicy	Schwofu	at (\$\frac{1}{15}\text{ o}\) 221-	Tolephone Number
Nume	OT I CLAVIT	Area Code Dayina	- recommendate
Enclosed is a check for	the following amount:		
₺ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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

50.30

2023 HAY 30 PH 5: 58 Liability Company as it now appears on our records.)
Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned L2300232709 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: New Registered Office Address: Enter Florida street address

### 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.

City

\_, Florida \_

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>Address</u> **Type of Action Name** MCTL Christopher Solwelin 3001 N 14th Are Add
Schwelin Penssols FL.32503 Rem \_\_\_\_\_ Change ☐ Remove \_\_\_\_\_ Change \_\_\_\_ □Remove \_ \_ □ Change \_\_\_\_\_ □Remove 

\_\_\_\_\_\_ □Change

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Effective	date, if other than the date of filing: (ontional)
Note: If	date, if other than the date of filing:
e record s rd is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
Dated	5/26/23
Dated	Chan Ofwell
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00