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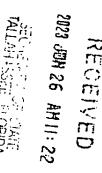
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO:

Registration Section

Division of Corp	porations		
·····	ATTECKIND LI	(
SUBJECT: <u>G</u>	OTTESKINI), LI Name of Lim	ited 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:	
	ALAN	R NOLC	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	
	1431	RAINEY RUN	44 26 142. Com Fication) 7.9
		Address	
	MONTIC	FLLO EI 323	44 H
	700.710	City/State and Zip Code	25
	ALAN NULL	@ RALLY BUINT FIN	MNCIAL COM
	E-mail address: (to be used for future annual report noti	fication)
For further information ed	oncerning this matter, please c	all:	. 29
1111 7			
Name of	Person	at (\(\frac{\forall \sigma \psi}{\psi}\) \(\frac{\forall \forall \psi}{\psi}\) \(\forall \forall \for	e Telephone Number
		•	•
Enclosed is a check for th	e following amount:		
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
325.00 Tilling Fee	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Addres	e•	Street Address:	
Registration S	_	Registration Se	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632		The Centre of T	
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The new name must be distinguishable and contain the words "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>
(Principal office address MUST BE A STREET ADDRESS)	
	267
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
	- 1,
B. If amending the registered agent and/or registered office address on our records, agent and/or the new registered office address here:	·
agent and/or the new registered office address here:	(A) (2)
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida stree	et 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.

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>Name</u>	Address	Type of Action
MGR	ALAN R NULL	1031 RAINEY RUN	5 Add
		MONTICELLO FL 3234	4_ □Remove
			Change
			□Remove
			□Change
			<u>23</u> □Add
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ffective date	, if other than t	he date of fili	ne: 26	JUN	2023	(optio	nal)		
an effective dat	e is listed, the date re te inserted in this	must be specific at	nd cannot be pr	ior to date of fil	ing or more than	90 days after f	filing.) Pur		
	ective date on the				ry ming requi	omems, uns	date will		nsieu u
			aa .						
	es a delayed effec	dive date, but no	ot an effective	time, at 12:0	I a.m. on the e	arlier of: (b)	The 90	ith day a	itter the
l is filed.				-					
			202	-5					
I is filed. lated26	JUN		1	 ·					

Typed or printed name of signee