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(Requestor's Name)	
(Address)	—
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(/100/033)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
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(Document Number)	
Certified Copies Certificates of Status	
	
Special Instructions to Filing Officer:	
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Office Use Only



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ALLAHASSEE ELSE

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJI	ECT:	Elected Thick Name of Limi	ted Liability Company		
		Amendment and fee(s) are sub-			
	·	Richard -	-		
		Elected	Firm/Company	LC	
		3236 For	um Blvd F	1150	
		Tort	City/State and Zip Code Ct	33905	
For fur	ther information co	E-mail address: (to		port notification)	
_	Name of		at (Z35)	745 - 5644 Daytime Telephone Number	
Enclos	ed is a check for the	e following amount:			
□ \$ 2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		of Status &
	Mailing Address Registration S		Street Add Registrati	ress: ion Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears of	n our records.)		
The Articles of Organization for this Limited Liab	_	were filed on 6/	/8/23	and assigned	
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	ne limited liab	ility company here:	:		
The new name must be distinguishable and contain the word	ls "Limited Liabil	lity Company," the desig	gnation "LLC" or the a	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		3236 For	un Bluck	7 115B	
(Principal office address MUST BE A STREET)	ADDRESS)	Ford My	erso FL 3	3905	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>DX)</u>			Si 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
B. If amending the registered agent and/or reg agent and/or the new registered office address l		address on our reco	ords, <u>enter the nar</u>	ne of the new registere	<u>:d</u>
Name of New Registered Agent:	_	hand Th	-		
New Registered Office Address:	3302	Enter Florida	street address		
	Lehigh	City	, Florida	33574 Zip Code	

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.

Rechard Shoresol

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
MC+R	& Richard Thomas	3802 Jutin St Suo	
		Lengh Ages, FL 33976	☐Remove
			□Change
			□Add
			□Remove
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fective date, if other n effective date is listed, te: If the date inserte cument's effective dat	d in this block do	es not me	et the appli	cable statut	ling or more ory filing re	than 90 days a quirements,	ptional) ifter filing.) this date	Pursuan will not	t to 605.6 bc liste
ecord specifies a delay	ed effective date,	but not ar	n effective t	time, at 12:	01 a.m. on t	he earlier of	:(b) The	90th d	ay after
ted 7/25	- Righat	,	2023	··					
	a .	10	Ybania.						
	Signat	ure of a me	mber or auti	orized repre	sentative of a	member			

Filing Fee: \$25.00