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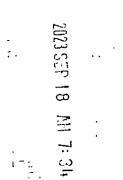
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

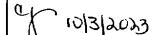
Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			•
SURJECT: SAdi	PBISHUP LL	.	٩
JOBSECT.	Name of Lim	ited Liability Company	
		. 10 60	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Sadie B	15 h o P Name of Person	
		Name of Person	
		Firm/Company	
	612 Antic	guin Rd	
		Address	
	Vacksonvill	18, FL 32214	
	Cell and	City/State and Zip Code City/State and Zip Code Code of Sach 18 60 of Mail 1 to be used for future annual report notif	1010
	E-mail address: (to be used for future annual report notif	fication)
For further information co	ncerning this matter, please c	all;	
Sadie B	Show	ar (904) 110 -	1099
Name of l	Person	at (COC) TIU Area Code Daytime	2 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)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	<u>.</u>	Street Address:	

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

Sadie Bishop Rea	11-tor LLC	ZUZ3 SE2 18 AM 7: 34
Sadie Bisnup Rea (Name of the Limited Liabi (A Florid		
The Articles of Organization for this Limited Liability Florida document number $\frac{L2300028286}{L3000000000000000000000000000000000000$	Company were filed on O	0 12 2023 and assigned
· ·		
A. If amending name, enter the new name of the lin	nited liability company here	:
Sadie Bishop, LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	(RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ords, <u>enter the name of the new registerec</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		Florida
	City	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.

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>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
			□Add
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			Петоче
			□Change

Page 2 of 3

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