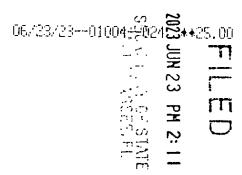
L23000 291960

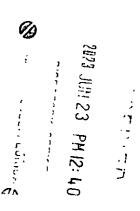
	(Requestor's Name)
	(Address)
	(Address)
	(O.) (O.) (O.) (O.)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Basis Massa)
	(Business Entity Name)
	(Degraphed Number)
	(Document Number)
Cartified Coring	Certificates of Status
Certified Copies	Certificates of Status
	
Special Instructions to	Filing Officer:
	· · · · · · · · · · · · · · · · · · ·
i	
1	

Office Use Only



500410873425





COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: We Blind he have Confall LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
LAWISH L MANILESS Name of Person
the Bling the fine low fall the
1310 W Colonial Mive Swife 24
Delando FL 32804
City/State and Zip Code Webling file Webling Compail Co
For further information concerning this matter, please call:
Name of Person Area Code Daytime 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 & 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

(Name of the Limited Liability Company (A Florida Limited Lia	ns it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on DU//6/2023 and assigned
Florida document number <u>L. 23000 2917/60</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent: Anulist Anulist	Thombers
New Registered Office Address: 25/0 W.	Enter Floridgestreet address Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adcompany has been notified in writing of this change.	rformance of my duties, and I am familiar with and wided 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	Name	,	Address		Type of Action
AMBR	ZANI	A I Chambers	1310 W long	Invial Price 8HL	- SAdd
		1	1310 WC	Olora I Drive	Remove
\			_		Change
	\				[]Add
					□Remove
					□Add
					□Remove
					□Add
					_ 🗆 Remove
					_ DChange
		\			_ 🗆 Add
					_ 🗆 Remove
					Change
					_ 🗆 Add
					_ □Remove
					_ □Change

	
	
	
	
	
	
• • •	
	
	
	
lfan effective da <u>Note:</u> If the d	e, if other than the date of filing:
e record specit rd is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day
Dated <u>SC</u>	193/2023
	1 (/ HM)
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00