## L23000298246

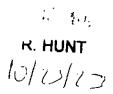
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	NTAGE RHYM	1. LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LORRAINE	Manu of Person		
		N/4		
		Firm/Company		(7
	4119 Ham	IMERSMITH DR. Address		DIVISION OF CORFORNION 2023 OCT 23 PM I2: 40
	Clermont, 1	CL 34711  City/State and Zip Code		23 PI
		to be used for future annual report noti		984 68471080 PM 12: 40
For further information c	concerning this matter, please c	all:		
LORRAINE Name o	MONAHAN) of Person	at ( <u>944</u> ) <u>923</u> - Area Code Daytim	-3546 e Telephone Number	<b></b>
Enclosed is a check for the	he following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of SI Certified Copy (additional copy is	tatus &
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 632	27	The Centre of T	`allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VINTAGE RHYME LL	$\subset$			
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on oability Company)	ur records.)		
The Articles of Organization for this Limited Liability Company with Florida document number <u>L23000298246</u>		, ,	_ and assigne	:d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:	PAREDA	tes	
0.0				
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designa	ation "LLC" or the abbre	viation "L.L.C."	•
Enter new principal offices address, if applicable:		-	202	
(Principal office address MUST BE A STREET ADDRESS)				Si
			<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	<u> </u>
			თ -	
Enter new mailing address, if applicable:			<u></u>	U.S.
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>	<u> </u>
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ddress on our record	ds, <u>enter the name o</u>	of the new re	gistered
	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 agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my o	duties, and I am fan	niliar with a	nd

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>	Name	<u>Address</u>	Type of Action
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f an effective date i <b>Note:</b> If the date	if other than the dat is listed, the date must be conserted in this block ctive date on the Depar	specific and can does not meet	the applicat	date of filing the statutory	or more than <sup>o</sup> iling require	(option) 00 days after fi ements, this o	ling.) Pursuan	to 605,029 be listed :
	s a delayed effective da	te, but not an ε	effective tim	e, at 12:01 a.	m. on the ea	arlier of: (b)	The 90th da	ay after th
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