## L23000 301346

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## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT:	LC Enterpr	7 SC 3 ited Liability Company	<del></del>	
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:		
	Iravis	Nathins Name of Person	·	
		Firm/Company	5.5 S.5	
	_780 park	St		3
	Monticello f Travis Watkin E-mail address: (	Address  City/State and Zip Code  247 (59) mail. Cor to be used for future annual report noti	fication)	* .
For further information ed	oncorning this matter, please c		, (11)	
Travis Wat	Kins Person	at ( <u>850</u> ) <u>759</u> Area Code Daytim	- 7583 e Telephone Number	
Enclosed is a check for th	c following amount:			
☑ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address	<u>s:</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

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com- Florida document number $12300301346$	spany were filed on $\frac{8/1/2024}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	i liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	780 park st
(Principal office address MUST BE A STREET ADDRES	montice 10 fl. 32344
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Monticello fl. 323491
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registered
Name of New Registered Agent: Train	nis Matkins
New Registered Office Address:	50 Park 5+ Enter Florida street address
mon	ticello Florida 32344  Zip Code
Nam Dagistaged Same Scientific Commencer Commencer Designation	I

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
MGR	Breanna Joiner	780 park St matically FI	□Add
			©Remove
			□Change
MGR	Travis Worthins	TEO Park St monticelle. 1- 32344	Add Add
			□Remove
			Change
<del></del>			
			□Remove
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			□Change

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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.026  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed.	_								
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Effective date, if other than the date of filing:	_							<del></del> .	•
Effective date, if other than the date of filing:	_								
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Signature of a member or authorized representative of a member			)						
				-					

Filing Fee: \$25.00