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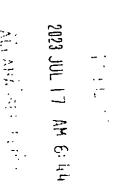
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	ame of Limited Liability Company
The enclosed Articles of Amendment and fee	(s) are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
(Stephen Diadik
Hi	ppostn I raining
131	Hillsile Drive
	Address Over Spring Florida 3 4689 City/State and Zip Code
- Li jo	If address: (to be used for future annual report notification)
For further information concerning this matte	r, please call:
Stephen DE	at (94) 356-2510 Area Code Daytime Telephone Number
Enclosed is a check for the following amount	:
\$25.00 Filing Fee S30.00 Filing Certificate of	Fee & S55.00 Filing Fee & S60.00 Filing Fee, f Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
I MATERIAL AND I COMPANIES AND	Liveran of Larmorations

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUL 17 AM 6: 44

(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on our records.)					
The Articles of Organization for this Limited Liability Company were filed on 622 and assigned Florida document number 4230030 5 10						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited	liability company here:					
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L1.C" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	NA					
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA					
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registered</u>					
Name of New Registered Agent:	1 A					
New Registered Office Address:	Enter Florida street address					
	V, Florida					
New Registered Agent's Signature, if changing Registered As	gent:					
I hereby accept the appointment as registered agent and	l agree to act in this capacity. I further agree to comply with the					

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>	Name	Address	Type of Action
MGR	Stephen Pialik	1321 Hillside Da	M Add
		Tarpon Springs,	Remove
		34689	□Change
			□Add
			□Remove
			□Change
			□Add
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	ve date, if other than the date of filing:
`an effd <u>Vote:</u>	ve date, if other than the date of filing: (optional) etive 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 605.0207 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
record d is file	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 ed.
ated_	
	Signature of a member or authorized representative of a member
	organism of a memory of authorized representative of a memory
	Typed or printed name of signee

Filing Fee: \$25.00