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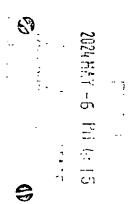
(H	(equestor's Name)	
(A	ddress)	
(A	ddress)	
V	,,	
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(F	Business Entity Name)	1
,-	admiddd Emmy (rd,me)	
(C	Occument Number)	
Certified Copies	Certificates of	Status
<u></u>		
Special Instructions to	o Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor		e ·	·
	N MAINTANCE LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	THACKER CHRISTOPHI	<u>E</u> R	
		Name of Person	
		Firm/Company	
	6318 RIDGE CREST DR		
		Address	
	PORT RICHEY FL 34668	City/State and Zip Code	
		•	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	itification)
THACKER CHRISTOP	HER	813 8633311 at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	S30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our r imited Liability Company)	ecords.)
mpany were filed on 06/29/2023	and assigned
ed liability company here:	
d Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
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	## T
office address on our records,	enter the name of the new registe
Enter Florida street	address
	, Florida
City	Zip Code
	office address on our records,

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 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
			□Remove
			□Change
		· -	□Add
			□Remove
		 	□Change
			□Add
			□Remove
			□Add
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			□Change
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E CC	Strandada if adharadharadharadh a dan af filliana
(If an ef Note:	tive date, if other than the date of filing:
ne reco	rd 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 iled.
	04/30/2024
Dated	
Dated	Thater chirtipher.
Dated	Signature of a member or authorized representative of a member