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COVER LETTER

Division of Corp				
SUBJECT:	opyWrite Name of Limit	by Reese	LLC	2023 NOV 27 AM 8: 47
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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:		1000 13
	Chariss	Se Snyder Name of Person		4.4.7 (1.6.7)
		by Reese LLC		
	7069	Jenice Way #	2803	-
	Naples	FL 34116 City/State and Zip Code	1	
	Snyders E-hail address:	porta Yahoo. To be used for future annual report noti	Com fication)	
For further information co	oncerning this matter, please ca			
Charisse:	Snyder	at (<u>972)</u> <u>740</u> Area Code Daytim	2 - 36 2 O e Telephone Number	<u> </u>
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Mailing Addres		Street Address:	ation.	
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P.O. Box 632	•	The Centre of T	•	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION The Articles of Organization for this Limited Liability Company were filed on June 30, 2003 Florida document number L 2 3 0003 14070 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 "LLC" Enter new principal offices address, if applicable: ' (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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
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