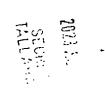
L23000331799

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
	AUG - 3 2023

Office Use Only



200412440602



08/03/23--01001--014 **30.00



COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	name of Lim	ited Elibility Company	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Joshua	Name of Person	
		Firm/Company	
	585 Banana	Blvd	
		Address	
	Merrittze	City/State and Zip Code	2
	workmail	173 Campil.com	
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
Joshua Roc	<u>lriguez</u>	at (321) 313	4466
Name	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	the 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 Addre		Street Address:	action
Registration Division of (Registration S Division of Co	
P.O. Box 63		The Centre of	
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 AC

(Name of the Limich Mabil	Lortracting L	LC SECTOR
(A Florid	lity Company as it now appears on o la Limited Liability Company)	 ,
The Articles of Organization for this Limited Liability (Company were filed on _07]	and assigned
Florida document number <u>L 2300033179</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ls, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
	City	Zip Code

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>	<u>Address</u>	Type of Action
CEO		583 Banana Blad, Mercitt I	Add
		·	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Remove
			□Add
			□Remove
			Change

-	
_	
an effect ote: If	e date, if other than the date of filing:
record s l is filed	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
ated	8/3/2023
	1.1. 1
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00