L23000336184

(Re	questor's Name)	_
(Ad	dress)	
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(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: 500	its of Suthell	Mand Torring ited Liability Company	Company LLC
	Name of Emi	нео славину сопрану	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Fahredin	Name of Person	
		Name of Person	
	secrets «	Firm/Company	uring Company LL
	690 Main STE	et #690,5afet5 hu	
		Address	
	sufety he	City/State and Zip Code 1. to US @ G.ma. 1. (-
		City/State and Zip Code	·
		to be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	all:	
Fahredin Gie	ovas .	at 727 453.	-7283
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$30.00 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 Address Registration S Division of Co P.O. Box 6327	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
Tallahassee, F	L 32314		e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Secrets of sutherland tooling Company LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(The company) 2023 AUG 28 AM 7: 38 and assigned Florida document number <u>L2300</u>0336184 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" or the abbreviation "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: 690 Main Street NVM best 690
Enter Florida street address New Registered Office Address: Safety Harbor, Florida 34695

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>	Name	Address	Type of Action
			□Add
			□Remove
	 -	□Change	
			□Add
			Петоve
	···		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		·	□Add
			□Remove
			☐ Change
			□Add
			□ Remove
			Πα

. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	I would only like to edit the
	Registered agent address as shown.
	GOSART Harbor #690 is correct addless
	MANSHERE
	690 Main Street, Safety Harbo! FL, 34695
	is confect R.A address, thank you
	(1) (2) (4)
	
•	
(If an effecti <u>Note:</u> If t	date, if other than the date of filing:
the record spoord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	<u> </u>
	Salvalin Golden
	Signature of a member or authorized representative of a member
	Fahredin Giovas
	Typed or printed name of signee

Filing Fee: \$25.00