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\checkmark		
(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Fiting Officer:	

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COVER LETTER

Division of Co	porations		
SUBJECT:	zurski Bal	pes, UC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	- The	Ole Refar	
		Firm/Company	
	,	• •	
	11040 Cleas	hwater Largo Re	d 101202
	_ clearwa	Het, FL 3319 City/State and Zip Code	Ze
		Nryan Ogman	
For further information of	concerning this matter, please ca	all:	
Tycola Name o	e Ryan of Person	at (<u>7/5)</u> 9 <u>38</u> Area Code Daytin	-3144 ne 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)

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oi	7
Brewski Bo (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number	vere filed on July 14th 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil Sullet Water Famous	Tazee ILC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11040 Clearweater Largo Kol. Mot. 202 Clearweater, FT. 33-751e
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	7073 DE
New Registered Office Address:	Enter Florida street address Florida ST Rocade
New Registered Agent's Signature, if changing Registered Agent:	FL 29

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
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□ Ađd
			□Remove
			□Change
			□ Add
		 	□Remove
			□Change
-			□Add
		□Remove	
		□Change	
			□Remove
			E.C.

Page 2 of 3

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
-	
(If an effect Note: If	date, if other than the date of filing:
If the recor (b) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	December 12-12-2023 Signaphre of a member or authorized representative of a member
	Mycote Ryan Typed of printed name of signee