## L23000375322

(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:				

Office Use Only



600413410116

08/17/23--01002--001 \*\*25.00

RECEIVED 2023 AUG 16 PM 3: 31 SEC

3 AUG 16 PM :

FIUG 16 2023

## **COVER LETTER**

TO: Registration Section  Division of Corporations	•
Division of Corporations	
SUBJECT: Waty Das a	nd tolke L.L.C.
	mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matte	er to the following:
	- /ı
William -	Juson Shuld
. 1 0	Name of Person
Liberty Ba	in and those UC
	Firm/Company
16949 H	6. SR. 65
11 11 1	Address
Hostord H	- 32-334
liberty entares	City State and Zip Code  (60 to be used for future annual report notification)
For further information concerning this matter, please	call:
Add to	or us alu
William Gruff	at(850) $56(-9390)$
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$\frac{1}{2}\$ \$25.00 Filing Fee \$\Bigsim \$30.00 Filing Fee &	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status & Certified Copy
	(additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
I.O. DOX UJZI	The Centre of Tananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION**

FILED **OF** 

$1 \cdot 1 \cdot$		
Liberty Swa and Ho	me uc	2023 AUG 16 PM 3: 53
(Name of the Limited Liability Comba) (A Florida Limited L	iy as it now appears on our	records.) CRETARY OF CTATE
(*** Fortal Zimited is	Lability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company	were filed on Myst	and assigned
Florida document number 23000375322	$\mathcal{O}$	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<del>-</del>
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or registered office a	ddraes an aur racarde	enter the name of the new registers
agent and/or the new registered office address here:	auress on our records, g	enter the name of the new registere
Name of New Registered Agent:		
New Berinsed Office Address		
New Registered Office Address:	Enter Florida street	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	e to act in this capacity	. I further agree to comply with the

## 1

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>	Name	Address	Type of Action
HUBR	William Evan Shuler	13195 NW. Hoe Cake Ed.	_ Madd
		13195 NW. Hoe Cake Pd. Bristol, Pl. 32321	□Remove
			□Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
			□ Add
			□Remove
		<del> </del>	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
•	
•	
_	
_	
(If an ef Note:	ive date, if other than the date of filing:
the record ford is fi	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 led.
Dated	August 16 2023
	Signature of a member or authorized representative of a member    Will-um   Joseph Shull