

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230003937313)))



H230003937313AEC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser f	from this page.
Doing so will generate another cover sheet.	r:

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453

Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AREM LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

S. ROSERTS

Electronic Filing Menu Corporate Filing Menu

Help

NOV 1 6 2023

Registration Section

Tallahassee, FL 32314

TO:

COVER LETTER

(((H23000393731 3)))

Division of Cor	porations			
SUBJECT.		EM LLC		
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LOVETTE DOBSON			
		Name of Person		
		Firm/Company		
	17350 STATE HWY 249 S	STE 220		
		Address		
	HOUSTON TX, 77064			
	TELLE LANGE NOTE LE CO	City/State and Zip Code		
	EFILE1234@INCFILE.CO. E-mail address: 0	or to be used for future annual	report notification	(nn)
For further information c	oncerning this matter, please ca	ill;		
LOVETTE DOBSON		1 at () Area Code	888-462-34	53
Name o	f Person	Area Code	Daytime Tel	ephone Number
Enclosed is a check for the	ne following amount:			
量 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	Section		ddress: ation Section n of Corpora	
P.O. Box 632			ntre of Talla	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H23000393731 3)))

AF	REM LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appear nited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on	08/22/2023	and assigned
Florida document numberL23000393710			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	esignation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			· ,
		~~~~	7.2
D. 16	e- 11		F-
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	tice address on our ro	ecords, enter the nar	ne of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
· · · · · · · · · · · · · · · · · · ·	Enter Flori	ida street address	
		, Florida	
<del></del>	Cuy		Zip Code
New Registered Agent's Signature, if changing Registered Registere	gent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of . t as provided for in C	my duties, and I am hapter 605, F.S. Or	familiar with and , if this document is
ĩĩ	Changing Registered Age	ent, Signature of New R	egistered Agent

11/15/2023 08:22:39 ÇST Page: 4/5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H23000393731 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOHN GALT	5036 DR. PHILLIPS BLVD SUITE 137	□Add
		ORLANDO, FL 32819	□Remove
			≣Change
MGR DAVID TURNER	DAVID TURNER	5036 DR. PHILLIPS BLVD SUITE 137	
		ORLANDO. FL 32819	□Remove
			<b>=</b> Change
MGR CHARLES DUFF	5036 DR. PHILLIPS BLVD SUITE 137	🗀 Add	
		ORLANDO. FL 32819	□Remove
			<b>⊆</b> Change
-		<del> </del>	
			□Remove
			☐ Change
			□Add
		<del></del>	□Remove
			□Change
	<del></del>		□Add
			□Remove

(((H23000393731 3)))

			· · · · · · · · · · · · · · · · · · ·
			<del></del>
<del></del>		<del></del>	
			<del></del>
	J		
			<del></del>
· · · · · · · · · · · · · · · · · · ·			<del></del>
	· · · · · · · · · · · · · · · · · · ·		
Effective date, if other than the fam effective date is listed, the date imis Note: If the date inserted in this blo	date of filing:  be specific and cannot be prior to date of finck does not meet the applicable statut	(optional) iling or more than 90 days after filing.) Pu	rsuant to 605,0207
document's effective date on the De	partment of State's records.	, p qee	De noisu iid
record specifies a delayed effective dis filed.	edate, but not an effective time, at 12,	01 a.m. on the earlier of, (b) The 90	Oth day after the
	2022		
Dated November 14th	2023		
	Signature of a member or authorized repre		