. 12:09 PM 9/3/ Division of Corporations

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.

(((H24000298664 3)))



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## SEP - 4 2024

09/03/2024	12:16	·From:17184082550 To:185061763	83 Date	Time 09/03/24	12:16PM Pages: 4 P: 2/4
(((H24000298664-3)))		T ARTICLES OF C	ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF		
		0	ľ		TALLAHADA
	MR. DOE	S ALL L.L.C.			12:16PM Pages: 4 P: 2/4 FILEE 2024 SEP -3 AH 2:21 TALLAHASSIT FLORID, (h)
		(Name of the Limited Liability Compa (A Florida Limited I	<u>iny as it now</u> Jiability Com	appears on our record (pany)	<u>ds.</u> )
		ition for this Limited Liability Company er <u>L23000403181</u>	were filed	on <u>08/28/2023</u>	and assigned
		nitted to amend the following: enter the new name of the limited liab	ility comp	any here:	
The new name (	nust be distin	guishable and contain the words "Limited Liabil	lity Company	"," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			1646 We	st Snow Avenue	
(Principal office address MUST BE A STREET ADDRESS)			Unit 64		
			Tampa, F	E 33606	
Enter new n	nailing add	ress, if applicable: <u>3E A POST OFFICE BON)</u>	1646 We Unit 64	st Snow Avenue	
(Mailing add	ress MAY i		Tampa, F	FL 33606	
			<u></u>		

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

New Registered Office Address:	1646 West Snow Avenue, Unit 64		
	Enter Florida street address		
	Татра	, Florida	
	Ciņ	Zıp 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.

### 09/03/2024 12:16 ·From:17184082550 To:18506176383 Date Time 09/03/24 12:16PM Pages: 4 P: 3/4

#### (((H24000298664-3)))

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

#### MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	John Petrocelli	1646 West Snow Avenue	[]Add
		Unit 64	🗆 Remove
		Tampa, FI, 33606	Change
			7] Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)

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Note:	ve date, if other than the date of fil ective date is listed, the date must be specific a If the date inserted in this block does no ent's effective date on the Department o	of meet the applicable stati	(optio filing or more than 90 days after 1 story filing requirements, this	nal) iling.) Pursuant to 605.0207 (3)(b) date will not be listed as the
If the record record is tile	d specifies a delayed effective date, but i ed.	not an effective time, at 11	:01 a.m. on the earlier of: (b)	The 90th day after the
Dated	September 3	2024		
	/s/ John Petrocelli			
	Signature of	a member or authorized rep	resentative of a member	

John Petrocelli

Typed or printed name of signee

#### Filing Fee: \$25.00