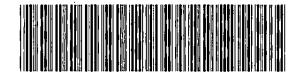
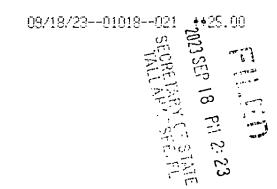
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





000415712170



COVER LETTER

Division of Cor	porations			
SUBJECT: PRATI	T-VIZGAS FRA	TWCF/STES CCC ited Liability Company		
	Name of Lim	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:		
	POBER	STEPHEWJ Name of Person		
	_	S FRENCHIES C	SECRETY STALLY	ent T
	4425 0	HAICH DA		
	JAY, F	FL 32565 City/State and Zip Code)
	Pattiegas G E-mairaddress:	TENCHIES & GMAIC to be used for future annual report noti	fication)	
For further information c	concerning this matter, please c	all:		
	STRPLIENS of Person	at (<u>777</u>) <u>754-</u> Area Code Daytim	900 & e Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction	
Negistration of C		Division of Cor		

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRATT-VEGAS FRENC	HIES LLC
PRATT-VEGAS FRENC (Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) led Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on $8/30/2023$ and assigned
Florida document number <u>L 23600 40 70 20</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	iability 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)	
	202: SEI
Enter new mailing address, if applicable:	ACC ST TI
(Mailing address MAY BE A POST OFFICE BOX)	Carried Contract
	ce address on our records, enter the name of the new registered
agent and/or the new registered office address here:	22 22
Name of New Registered Agent:	
Name of New Acquisited Agent.	
New Registered Office Address:	Enter Florida street address
	vmer v toriaa street aaaress
	, Florida
	·
New Registered Agent's Signature, if changing Registered Age	ent:

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
MGR	ROBERT D. STEPHENS	4405 OHARA Dr. JAYFL 32565	Add
			□Remove
			□Change
			□Remove
			□Change
		TA L.	2023 de Pri de 23 :
			E □ Remove
		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	One 23
			□Remove
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PRATT-VIEGAS	FRENCHIEJ	در د	EIN#	93-3262
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	$\sim l$	20/22		
tive date, if other than the Tective date is listed, the date mus	t be specific and cannot be prio	r to date of filing o		filing.) Pursuant to 605
If the date inserted in this bluent's effective date on the D			ling requirements, this	s date will not be list
rd specifies a delayed effectiv	e date, but not an effective (ime, at 12:01 a.r	n, on the earlier of: (b) The 90th day afte
īled.				
8/30/202	3 . 8:00	4-4		
0/20/20	0.00	<u></u>		
	Signature of a member or auth			

Filing Fee: \$25.00