L23000414354

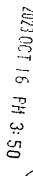
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

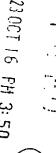
Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Corporations	•
SUBJECT: So7en App	of Limited Liability Company
. vario	TERMINE EMBINY Company
The enclosed Articles of Amendment and fee(s) are	re submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Nelso	Name of Person
<u>Se Te</u>	-n Apprl LLC Firm/Company
1830 Blac	Kwater Way Address
Middlet	OUV9 FL 32068 City/State and Zip Code
nelson. E-mail add	Charles. Cooper & gmail. Com ress: (to be used for future annual report notification)
For further information concerning this matter, ple	ease call:
Nalson Cooper Name of Person	at (904) (35 - (e 333) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$30.00 Filing Fee 3 Certificate of State	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Se Jan appr	iry Company as it now appears on our record	(5)
(A Florid	ity Company as it now appears on our record a Limited Liability Company)	. <u></u>
The Articles of Organization for this Limited Liability (Florida document number £23000414 354	Company were filed on 9 5 2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>	
		023 OCT
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>-0</u>
		<u></u> _
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	FI	orida
	City	Zip 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.

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Nelson Cooper	1630 Blackwater Way	EVAdd
		Middleburg, FL 32068	Remove
			Change
MGR Andre Cooper	Andre Cooper	1830 Blackwater Way	□Add
		1830 Blackwater Way Middleburg, FL 32068	Remove
			□Change
			🗆 🗆 🗆 🗆
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			Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
the recording fil	d 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 ed.
Dated	September 19th 2023 Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Nalson Cooper Typed or printed name of signce
	Typed or printed name of signer