## 123000431933

(Re	equestor's Name)	
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Special Instructions to	Filing Officer:	
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Office Use Only

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## **COVER LETTER**

то:	Registration Se Division of Cor		, er	, po-
	Conroy Flo	rida Enterprise LLC		
SUBJI	ECT;" <u>\</u>	Name of Limi	ited Liability Company	<del></del>
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filling.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Emily Rampp		
			Name of Person	
			Firm/Company	
		8657 Eagle Point Blvd, ST	E 2	
			Address	
		Lake Elmo, MN 55042		
			City/State and Zip Code	<del></del>
		erampp@muddycowbar.con		
		E-mail address: (1	to be used for future annual report notific	cation)
For fur	rther information c	oncerning this matter, please co	ıll:	
Patricl	c Conroy		612 594-0605 at ()	
	Name o	f Person	Area Code Daytime 1	Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	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)

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Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP 26 AH 11: 01 Conroy Florida Enterprise LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 9/15/2023 Florida document number L23000431933 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 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	_	Amber Conroy	9188 Estero River Circle	<b>≅</b> Add
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Effective date, if other than the offerive date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	t be specific and cannot be prid ock does not meet the appli	r to date of filing or more than 96 cable statutory filing require	
ne record specifies a delayed effective ord is filed.	e date, but not an effective	time, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
September 19th	2023		
Dated September 17th	·	·	
	,		
<u> </u>	Signature of a member or auth	norized representative of a mem	per