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## **COVER LETTER**

TO:

Registration Section

Division of Corporations			
SUBJECT: Dd G	Parm les & Name of Limi	(au Hers Ll ited Liability Company	
The enclosed Articles of Amendm	ent and fee(s) are sub	mitted for filing.	
Please return all correspondence c	oncerning this matter	to the following:	
C	reorgeann	P Without Name of Person	ald
		Firm/Company	
10	175 Prese	MATION Pa	th
B	aker,	F1. 32531 City/State and Zip Code	
Gei	Geamme E-mail address: (t	o be used for future andual report	notification)
For further information concerning	g this matter, please ca	all:	
Georgeon Ma	world	at (850 ) 362	1-8279
Name of Person		Area Code Day	atime Telephone Number
Enclosed is a check for the follow	ng amount:		
□ \$25.00 Filing Fee □ \$30 C	0.00 Filing Fee & ertificate 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)
Mailing Address: Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231			Section Corporations of Tallahassee proc Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 JAN -3 PM 4: 00 ited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

TALL AHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on 10/28/24 and assigned Florida document number <u>L23100458708</u> 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: Georgeann P. McDonald Name of New Registered Agent: 1475 Preservation Path

Enter Florida street address

Pare Florida Florida Florida Zip Code New Registered Office 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.

Thanging Registered Agent, Signature of New Registered Agent

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

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the date of filing:	<b>ional)</b> er filing.) Pursuant to 605.0207 (3 is date will not be listed as the
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ( is filed,	b) The 90th day after the
ated 10 128	
Signature of a member of authorized representative of a member  Georgean P McDone 14  Typed or printed name of signee	
Georgeann P McDoneld	