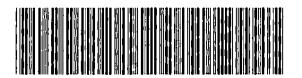
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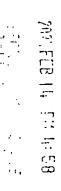
(Re	equestor's Name)	
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PICK-UP	(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) d Copies Certificates of Status	
(Bu	rsiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	Par Pose Dru Name of Lim	ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	_	//soden Name of Person iven Handy Man	<u> </u>
		Firm/Company Olive Ave, Address	
	Sarasoto	FL. 34231 City/State and Zip Code	
	/onntrogoe /E-mail address: (City/State and Zip Code 20/902 amail. Com to be used for future unhual report notification	
For further information c	oncerning this matter, please c	all:	ં છે
Lonny Name o	(Ogden	at (<u>94//</u>) <u>879 - 408</u> Area Code Daytime Telepi	5 none Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Section	
Division of C P.O. Box 632	•	Division of Corporati The Centre of Tallaha	
Tallahassee, I		2415 N. Monroe Stree	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pa(Pose 1)	riven !	Hand M	lan LL	C		
(Name of the Limited Linb	ility Company as it da Limited Liability	now appears on Company)	our records.)			
The Articles of Organization for this Limited Liability Florida document number <u>L230004/73975</u>		filed on <u>Oc</u>	1.16 th 20	2 <u>3</u> :	and assig	med
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the line Passe Diver Res The new name must be distinguishable and contain the words "Li	1011	<u></u>	ation "LLC" or th	e abbrevia	tion "L.L.	
Enter new principal offices address, if applicable:					·	
(Principal office address MUST BE A STREET ADD	ORESS)					
					<u> </u>	
Enter new mailing address, if applicable:				· · · · · ·	-5	• • •
(Mailing address MAY BE A POST OFFICE BOX)				13	<u>E</u>	· . ;
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		s on our recor	ds, <u>enter the n</u>	ame of t	he new	<u>registered</u>
Name of New Registered Agent:		. —				
New Registered Office Address:		Enter Florida st	reet address			
			, Florida			
	Ci	ity		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>	Name	Address	Type of Action
			🗆 Add
			Rcmove
			□Change
			🗆 Add
			□Remove
			Change
			☐ Change ☐ Add ☐ Remiove
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or n te: If the date inserted in this block does not meet the applicable statutory filin cument's effective date on the Department of State's records.	(opti- nore than 90 days after ng requirements, thi	filing.) Pursuant to 66	05.0. sted
record specifies a delayed effective date, but not an effective the 90th day after the record is filed.	time, at 12:01 a	a.m. on the ear	lier
ed 02/08/21/			
sed 02/08/2"/ Signarde of a member/or authorized representative			