L23 000 481 827

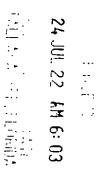
(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Contillant Coming Contillant of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER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

TO: Registration Section Division of Corporations		
SUBJECT: 876 Trucki	mited Liability Company	
The enclosed Articles of Amendment and fee(s) are sur Please return all correspondence concerning this matter		
	Name of Person	
_ 3924 C	Firm/Company Soral Ridge Driv Address	<u>e</u>
	City/Stake and Zip Code This is the Code of the Code	
For further information concerning this matter, please Patricia Pollari Name of Person	at (954) 255- Area Code Daytime	3848 Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status (Company Solid) (Company Solid)	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited L	ability Company as it now appears of orida Limited Liability Company)	on our records)
(A F	orida Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liabil		ic/16/23 and assigned
Florida document number <u>12300048</u>	821.	
This amendment is submitted to amend the following	ā:	
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 desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	<u> </u>
(Principal office address MUST BE A STREET A.	DDRESS)	24
	_	22
Enter new mailing address, if applicable:	7 — //	7
(Mailing address MAY BE A POST OFFICE BOX		5.5
D. 16		
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ords, enter the name of the new registered
	\\	
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida	street address
		, Florida
_	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
Mar	Najah D. Bear	ford White 6754 NW 75h Ave	□Add
		ford White 6754 NW 75h Ave Tamone, FL 33321	Or Remove
			☐ Change
MGR	Bridge SS	pearl 6754 NW 70 Ave Tamarac, FL 3332	
		Tamarac, FL 3332	- MRemove
			☐ Change
			∐Add
			□Remove
			□ Change
	 +		□ Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change

 	
*	
Note: If the	te, if other than the date of filing:
the record speci ford is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	0/14/ 2024
_	Signature of a member or authorized representative of a member
	Lincoln T. White Typed or printed name of signed

Filing Fee: \$25.00