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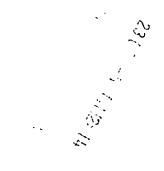
(Requestor:	s Name)
(Address)	
(Address)	
(City/State/Z	Zip/Phone #)
PICK-UP \	WAIT MAIL
(Business E	Entity Name)
(Document	Number)
Certified Copies Co	ertificates of Status
Special Instructions to Filing Of	ficer:
	J. HORNE DEC 20 2023

Office Use Only



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12/04/23--01027--003 ++25.00



COVER LETTER

TO: Registration Section . Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Quintain Goodley Name of Person
Firm/Company
11/57 River Treut Court
Lohigh ACRES T. 33971 City/State and Zip Code
——————————————————————————————————————
For further information concerning this matter, please call:
Name of Person at Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)

Street Address:
Registration Section
Division of Corporations

The Centre of Tallahassee

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O.	<u>I</u> '	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)	<u></u>
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>LOVEMBOR</u>	2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the a	bbreviation "L.L.C." Sut Cast L. 3:3971
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11151 River Tren Lahigh Acres, F	t Oxet 1. 33971
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:		
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 **Type of Action Address** Title Name Labigh Acres, FL 33971 Remove ______ TChange colores Remove □Change ____ □ Add _____ Change _____ □Add ____ Change □Add □Remove _____ □Add

___ □Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
the record 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 cord is filed.
Dated NotONDER 27M, 2023.
Signature of a member or authorized representative of a member
Typed or printed name of signee