## L23000551047

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

TO: Registration Sc Division of Cor			
SUBJECT: DUI	- Grove Fo	orace LIC	
SUBJECT.	Name of Lim	ited Simility Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Catherin	e Hickman Name of Person	)
		Firm/Company	
	6494 Hil	ton Dr	<b>2</b> 00
		Address	
	Brooksvil	City/State and Zip Code  Forges Dyah to be used to future annual report noti	1601 -8 M 8 5
	`	City/State and Zip Code	
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For further information e	oncerning this matter, please c		5
James 1	Worm	ur ( <u>352)</u> 442-	3128
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
X \$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)
<u>Mailing Addres</u> Registration S		<u>Street Address;</u> Registration Se	ction
Division of C	orporations	Division of Cor	
P.O. Box 632 Tallahassee, 1		The Centre of T	fallahassee e Street, Suite 810
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Li	s LLC	, married A	
(A Florida Limited L	iability Company)	records.)	
The Articles of Organization for this Limited Liability Company value document number <u>L23000551047</u>	were filed on 12/1	3/2023	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company " the designation	m "LLC" or the abbri	eviation "L.L.C."
Enter new principal offices address, if applicable:	cy company. The occupanion		2.2.2.
Principal office address MUST BE A STREET ADDRESS)			
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Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			T
		<u>;</u> ;	3:
B. If amending the registered agent and/or registered office a	ddress on our records,	enter the name	of the new-registered
agent and/or the new registered office address here:		. <del> ; ;</del> 1	57
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	t address	
	City	, Florida	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 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
<u>mgr</u>	Catherine Hickman	6494 Hilton Dr	Brooksville Fl	34601 - 1844d
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an effective date is listed, ote: If the date inserte	r than the date of fili the date must be specific; ed in this block does no te on the Department o	and cannot be prior to of meet the applical	o date of filing or me ble statutory filing	(opti- re than 90 days after requirements, thi	tiling.) Pu	rsuant to not be	605,020 listed a
record specifies a delay is filed.	yed effective date, but n	not an effective tin	ne, at 12:01 a.m. c	n the earlier of; (b	) The 90	th day a	ifter the
nted Jany	ary 3	, 2024					
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_/	Signature of	f a member or author	ized representative	of a member			