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(Document Number)
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJI	ECT:	Name of Limi	CTO_LLC ited Liability Company	<del></del>
		Amendment and fee(s) are submodence concerning this matter	•	
			Name of Person	
		NPR Co	Firm/Company	<del></del>
		362L A	Address	
		avalauren	Address  Hender FL 34  City/State and Zip Code  Le E Smanl Com  to be used for future annual report notific	WAS THE THE
For fur	ther information co	oncerning this matter, please ca	all:	ation)
	A von Name o	1 Person	at ( <u>le[7</u> ) <u>le 7</u> ] 8 9 Area Code Daytime T	ation)  Relephone Number LTE
Enclos	ed is a check for th	ne following amount:		
☑ <b>S</b> 2	5.00 Filing Fee	S30.00 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)
	Mailing Address Registration S		Street Address: Registration Section	ion

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 Liability	Company as it now appears on our reco	ords.)
The Articles of Organization for this Limited Liability Con	mpany were filed on <u>December</u>	パルパ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
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, ent	er the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street add	ress
		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 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>	Address	Type of Action
MOR	Ava Lawrence	3624 Arbor Chase Dr.	□Add
		Palm Henber, FL 37683	ERemove
		<del></del>	□Change
MOR	Emina trhalic	3918 W lowa Are	□Add
		Tampa, FL 33616	ERemove
			□Change
MOR	James siller	2011 p. Pointe Alexis	
		Tupon Springs, FL 3468	Remove
MOR	Daniel Brins	2838 Punta Palma Ct.	
•	•	2838 Punta Palma Cit. Holiday, FL 34691	Remove
			[] Change
WFK	Russasy Group, LLC	3626 Arber Chase Br. Palm Harber, FL 34683	IEAdd
		Palm Hander, FL 3468 3	□Remove
			□Change
			□Add
			□ Change

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`an effecti V <b>ote:</b> If t	date, if other than to ive date is listed, the date the date inserted in this it's effective date on the	must be specific and s block does not i	d cannot be prior meet the applica	able statutory fil	(op more than 90 days at ing requirements, t	<b>itional)</b> for filing.) Purs	suant to 605	5,0207 ted as
record sp d is filed.	pecifies a delayed effe	ctive date, but no	a an effective ti	me, at 12:01 a.m	on the earlier of:	(b) The 90t	h day afte	er the
Dated	Januars	29	. <u>2024</u> /-	<u> </u>				
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