## 123000553187

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #)	
PICK-UP	WAIT MA	ИL
(Busine	ess Entity Name)	
(Docun	nent Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing C	Mficer:	
umills		

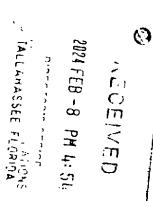
Office Use Only





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## COVER LETTER . . .

TO: Registration Sec Division of Corp							
SUBJECT:	Name of Limit	ited Liability Company					
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.					
Please return all correspon	dence concerning this matter	to the following:					
	Christ	OPHOR					
		Name of Person					
	( y ( l	PXPCC+CO +\\ Firm/Company					
	983801d Layrenaris 110						
	JOCK 971 ( #1 37250						
	City/State and Zip Code						
	E-mail address: (t	to be used for future annual report noti	fication)				
For further information con	ncerning this matter, please ca	all:					
Chlista	ref	at ( M) A) A) A)	397				
Name of l	Person	Area Code Daytim	e Telephone Number				
Enclosed is a check for the	following amount:						
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

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

Street Address: 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 a (A Florida Limited Liabi	s it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company wer Florida document number (23005)3162.	re filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
	207
The new name must be distinguishable and contain the words "Limited Liability C	company," the designation "LLC" or the abbreviation "LT <sub>+</sub> C."
Enter new principal offices address, if applicable:	j jed
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
	<u></u>
Enter new mailing address, if applicable:	8
(Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
<del></del>	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

D. 11 am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	**************************************
,	
(If an ef <u>Note:</u>	ive date, if other than the date of filing:  [cetive 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)(the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
f the recordecord is fi	d 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 led.
Dated	2/8/2024.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00

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
1195r	Christopher Firenien.	1838 OLOUS MEGDONS	Add ,
	)[	jacksonville Fl., 32250	<u>⊅</u> Remove
			Change
			🗆 Add
			□Remove
			Change
			🗆 Add
			□Remove
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