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COVER LETTER

Division of Co			Y
Carl E Ne		V .	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter		
	Carl E Nelson		
		Name of Person	
		Firm/Company	
	762 Labore Road		
		Address	·
	Little Canada, MN 55117		
	ce.nelson@comcast.net	City/State and Zip Code	
		to be used for future annual report notific	ration)
For further information	concerning this matter, please c	all:	
Carl Nelson		612 743-3201 at ()	_
Namo	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$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 Addı</u>		Street Address:	
Registration Section Division of Corporations		Registration Sect Division of Corp	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carl E Nelson		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on January 8, 2024	and assigned
lorida document number L24000017982		
his amendment is submitted to amend the following:		
s. If amending name, enter the new name of the limited liabil	ity company here:	
he new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		(F)
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		• •
Enter new mailing address, if applicable:		· <u>, , , , , , , , , , , , , , , , , , ,</u>
Mailing address MAY BE A POST OFFICE BOX)		<u>ැ</u>
3. If amending the registered agent and/or registered office ac egent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	ime of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	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

Title	<u>Name</u>	Address	Type of Action
MGR	Carl E Nelson	3015 West Gulf Dr. #101	
		Sanibel, FL 33957	
			□Remove
			□Change
			□Add
			□Remove
			——— □Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change

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Tective date, if other than the an effective date is listed, the date muote: If the date inserted in this becument's effective date on the I	hock does not meet the appli	icable statutory fitting re	(optional than 90 days after filin equirements, this dat	l) g.) Pursuant to 605.0207 e will not be listed as
	ve date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) T	he 90th day after the
ecord specifies a delayed effecti- is filed.				
is filed.	2024			
february 17	2024	·		
ited		norized representative of	a member	

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Filing Fee: \$25.00