## 124000021984

(Re	questor's Name)	
(1.0	42000 oao,	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
(50		
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800423413728

02/06/24--01025--006 \*\*25.00

2021 FEB -6 AH 8: 50

CONTRACTOR STATE

CONTRACT

## **COVER LETTER**

TO:	Registration Section Division of Corpora						
SUBJI	ect: <u>Constant</u>	IA FLORIDA, LLC_ Name of Lim	ited Liability Company	<del></del>			
The en	nclosed Articles of Ame	ndment and fee(s) are sub	mitted for filing.				
Please	return all corresponder	ce concerning this matter	to the following:				
	_	Corpor	ate Mainten	ance Lea	d		
			Name of Person				
		Proc	essing Depa	artment			
	-		Firm Company	<del></del>			
		1	450 Vassa	ar St			
	-		Address				
			Reno, NV 89	502			
	-		City State and Zip C				
	_	E-mail address: (	to be used for future an	nual report notific	ation)		
For fu	rther information conce	rning this matter, please co	all:				
	Processing	Department	at ( 800	, 638-2320			
	Name of Per-	чэп	Area Code	Daytime	elephone Number	7024 FEB -	17.00
Enclos	sed is a check for the fo	lowing amount:					
<b>⊡</b> \$2	25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing 1 Certified Cop tadditional copy	y	☐ \$60,00 Filin Certificate Certified C (additional co	of Shirts 18 00	r vran y

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURTER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32361

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONSTANTIA	FLORIDA. LLC	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on 01/09/24	and assigned
Florida document number L24000021984		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name most be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	oreviation "L.L.C"
Enter new principal offices address, if applicable:	3396 US90	
(Principal office address MUST BE A STREET ADDRESS)	Wellborn, FL 32094	
Enter new mailing address, if applicable:	3396 US90	
(Mailing address MAY BE A POST OFFICE BOX)	Wellborn, FL 32094	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	F S S S
	Florida	
	City	Zıp 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sonia Newton	244 Kingfisher Bay Drive For Sonia Newton	
		Demopolis, AL 36732	
			Change
MGR_	NEWTON & NIENABER HOLDINGS, LLC	3396 US90	
		Wellborn, FL 32094	Remove
			☐ Change
			П Reпюче
			☐ Change
			TO Add To
			Remove Re
			DAdd
			☐ Remove
			Change
			🗖 Remove
			☐ Change

	رم. دم
tive date, if other than the date of filing: N/A	(optional)
tive date, if other than the date of filing: N/A fective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutory	filing requirements, this date willing be listed:
nent's effective date on the Department of State's records	6
cord specifies a delayed effective date, but not an effecti 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier
90th day after the record is filed.	1.60 00 To 0.00
1/2-1200	िल ट
1/30/2°24	
Signature of a member of authorized represent	плиста пенис
Sonia Newton	

Page 3 of 3

Filing Fee: \$25.00