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COVER LETTER

Division of C	Corporations	
SUBJECT:/	DLIPPING Phou Mutling Stryices Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corres	espondence concerning this matter to the following:	
	Phillista Voumiers Name of Person	
	Philipping Phail Natury Services Firm/Company	
	5821 LISKO DIVE	
	JuckSanville, Fluida 32244 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
	on concerning this matter, please call:	
Phillista	at (964) 327 9657 15 at (964)	
Enclosed is a check fo	or the following amount:	
当\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, S60.00 Fili	ست بست ادین با

TO:

Registration Section

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

(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on o a Limited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability C	Company were filed on		and assigned	
Florida document number	<u>_</u> .			
This amendment is submitted to amend the following:				
amendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: we name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC" or new principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS) re new mailing address, if applicable: ling address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address				
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designa	tion "LI.C" or the abbre	riation "L.L.C."	-
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDI	<u>RESS)</u>		_ 	<u>-</u>
Enter new mailing address, if applicable:	<u></u>			_
(Mailing address MAY BE A POST OFFICE BOX)	 		· (2)	-
			$\overline{\mathbb{G}}$	=
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our record	s, enter the name o	tine new registr	J
Name of New Registered Agent:	<u> </u>		<u> </u>	_
New Registered Office Address:	Enter Florida str	veet address		-
		Florida	Zip Code	_
	Chy		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
AMBR	Phillisia Youmans	S821 LISKE DINC, 16X,	MAdd
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). If amending any	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: If the date	if other than the date of filing: (optional) (optional) (is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursulant to e inserted in this block does not meet the applicable statutory filing requirements, this date will not be ctive date on the Department of State's records.	605.0207 (3) lis ted as the
the record specifies cord is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	after the
Dated F	Chuary 10 . 20=41.	
<u> </u>		
	Signature of a member or authorized representative of a member Ph. 111314 Voc. 1116 (1)	
-	Typed or printed name of signee	•

Filing Fee: \$25.00