L24 000026776

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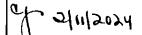
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 5D Cate	Name of Limited Liability Company	
The enclosed Articles of Amendment a	nd fee(s) are submitted for filing.	
Please return all correspondence concer	rning this matter to the following:	
) icana Morris Name of Person	
	Firm/Company	
14	Banton Ln Address	
Pa	City/State and Zip Code	<u> 137</u>
	E-mail address: (to be used for future annual report notification	on)
For further information concerning this	matter, please call:	
Name of Person	TIS (Devinited 386) 693 - Area Code Daytime Tele	0187 ephone Number
Enclosed is a check for the following as	mount:	
☐ \$25.00 Filing Fee \$30.00 I	Filing Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

2024 J. 130 F.1 8: 19 The Articles of Organization for this Limited Liability Company were filed on 0///2/2024 and assigned Florida document number <u>L</u>24000026776 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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 **Type of Action** Name Address Change name from iranna Morris _____ Change _____ Change ______ Change ____ 🗆 Add Remove

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an effect ote: If	date, if other than the date of filing:
	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
ated	1/23/2024 Western Dennis Signature of a member or authorized representative of a member Diama Dennis
	Signature of a member or authorized representative of a member
	Dianna Dennis
	Diama Dennis Typed or printed name of signee