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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				





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COVER LETTER * '

TO:	Registration Section Division of Corpor			•		
suBji	ECT:	Scrap H	LAPUC of Limited Liability Compar	ıy		
The en	closed Articles of Am	endment and fee(s) ar	e submitted for filing.			
Please	return all corresponde	ence concerning this n	natter to the following:			
			Debra Che Name of Person	2 MJ		
			Firm/Compan	teap Lla		
		5620	e. Martir	1 Luther		, 100 m
	-	E-mail add	Address Tanupa City/State and Zip A G O + O Cress: (to be used for future a	other k	1000 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	•
For fur	ther information conc				,	
	De bya Name of Pe	Cheny	at (<u>& [2</u> Area Cod	Daytime Te	lephone Number	
Enclos	ed is a check for the f	ollowing amount:				
0√ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee of Star		PPY	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address: Registration Sec	etion		reet Address: egistration Section	on	

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

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 Liabi	Heap LLC lity Company as it now appears on o la Limited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	23/2024	_ and as:	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Lu	mited Liability Company," the designal	tion "LLC" or the abbrev	riation "L	"L.C."
Enter new principal offices address, if applicable:			2[]7	
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>	<u> </u>	<u> </u>	
		<u> </u>	65	
		•	<u>ي</u>	.,
Enter new mailing address, if applicable:		<u>.</u>		
(Mailing address MAY BE A POST OFFICE BOX)		• .	Æ	
		*	င့်	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		s, <u>enter the name</u> o	f the ne	w registered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	0:	, Florida		
	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

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
Myr	Debra Cherry	5620 & Martin Luc Tampa Pa 33610	ther Kny Al 1d As
			Change
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			□Remove
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			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated 2/1/2024 Signature of a memb authorized representative of a member

Filing Fee: \$25.00