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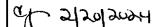
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2024 FFD -5 LH 7: 17



COVER LETTER

TO: Registration Section Division of Corp.			
SUBJECT:	APITOL HILL Name of Lim	LISTS LO	<u></u>
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Patri	CK J. MOUA	ey
	_ Capito	Firm/Company	5 1.1 C
	<u> </u>	Bella Flore Address	Ter
		City/State and Zip Code	
For further information cor	E-mail address: ()	y © (€ S PONS of the policy o	notification)
Pa-1 Moon Name of I	Person .	at (<u>703</u>) <u>94</u> Area Code Da	4-7730 ytime Telephone Number
Enclosed is a check for the	following amount:		
\$6\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 5 Section 5 Section 5 Section 6 Sectio
Mailing Address: Registration Se Division of Cor			Section Corporations
P.O. Box 6327 Tallahassee, Fl	. 32314		of Tallahassee nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	11 Lis	sts LLC	2024 FEB -5 AM 7: 17
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now ted Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L Z4 O O O O 4 8 9</u> 6	any were filed	on <u>(/1/20</u>	Z <u>Y</u> and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited 1	iability compa	nv here:	
The new name must be distinguishable and contain the words "Limited L	iability Company.	"the designation "LLC" c	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>			
 If amending the registered agent and/or registered office and/or the new registered office address here: 	ce address on o	our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			<u> </u>
	Ente	r Florida street address	
		, Flori	da
	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
AMBR	Shauna Pham	6658 Merryvale La	<u>∼</u> ŻAdd
		Port Orange, FC 32128	□Remove
			□Change
			□Add
			□Remove
		-	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

	
ote: If the	date, if other than the date of filing:
record spe is filed.	ecifies 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	1/31 7024
	Signature of a member or authorized representative of a member
	Patrich T. Mony Typed or printed name of signee
	1977 Con W. Visoney