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COVER LETTER

Division of Cor	porations		
SUBJECT:	Response Name of Lin	America LLC nited Liability Company	
	Amendment and fee(s) are sub		
	- Patri	CK J. Mouncy Name of Person	
	Pespo	Firm/Company	icc
	7946	Bella Flore	(e/
	New 5m	City/State and Zip Code	L 32168
	,	y @ (e s pons e) to be used for future annual report notif	HQ.com
For further information co	ncerning this matter, please ca	all;	
Pa-1 Mood	Pers ó n	at (703) 944 - Area Code Daytime	7730 Telephone Number
Enclosed is a check for the	following amount:		
郊\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

Response A	merica, LLC	2024 FEC - 5 PH 5: 51
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on ou Limited Liability Company)	ır reçords.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L Z 4 0 00 0 4 8</u>	ompany were filed on(/_! 9. 8 &	/zozy and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
	 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
	City	, Florida
	City	zajs Cene

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>Titlė</u>	<u>Name</u>	Address	Type of Action
AMBOR	Shauna Pham	6658 Merryvale Lo	<u>∼</u> jŽ⁄Add
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an effectiviote: If t	date, if other than the date of filing: (optional) re date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as s effective date on the Department of State's records.
record sp I is filed,	secifies 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 . 2024 .
	Signature of a member or authorized representative of a member
	Petrich T. Mooney Typed or printed name of signce
	Torond or printed name of signer