

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J. HORNE
MAR 1 6 2024

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COVER LETTER

Division of Corpor	rations		
SUBJECT:	A Rental Name of Lim	Agartments LLC ited Liability Company	,
The enclosed Articles of Am	endment and fee(s) are sub	mitted for tiling.	
Please return all corresponde	ence concerning this matter	to the following:	
		Samantha Aba Name of Person Pental Apartmer	yre
	NSA R	Zental Apartmer	its uc
	21620 Re	effection Lane	
	Bara Rata	Address Address Address City/State and Zip Code	8
-		to be used for future annual report notifi	
For further information conc	erning this matter, please ca	all:	
Samar Ha Name of Pe	Abeare	at (AFF) 393 Area Code Daytime	4815 Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$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

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

\(\frac{1 \text{-175} \text{175}	A Florida Limited Li	ability Company)	<u>ur (440, 400</u>)	
The Articles of Organization for this Limited List Florida document number <u>L24000</u>	ability Company v	vere filed on <u>Oll</u>	29/202	4 and assigned ≥ 2
This amendment is submitted to amend the follo	wing:	•		AR -
A. If amending name, enter the new name of	the limited liabil	ity company here:		S AHII
The new name must be distinguishable and contain the wo	ords "Limited Liabilit	y Company," the designa	tion "LLC" or the	appreviation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREE)	(ADDRESS)			
Enter new mailing address, if applicable: (Mailing address M.4Y BE .4 POST OFFICE I	<u>80X)</u>			
B. If amending the registered agent and/or re agent and/or the new registered office addres	•	idress on our record	s, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	San	nantha Al Reflection	oeare	
New Registered Office Address:	21620			<u></u> _
	Boxa &	Enter Florida sir	ect address , Florida _	33428
		City		лір Соае

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

ANIDK = AU	ithorized wiember		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Samuella Abourc	21620 Reflection Care	Add
		21620 Reflection Care Boxa Roton, FL 33428	□Remove
			□Change
AMBR	Taylor Marthews	21620 Reflection Lane	Mdd
		Bora Paten, FL 33428	Remove
			□ Change
AMBR	Shirani Matthews	21620 Reflection Lan	
		Boca Raten, FL 33426	Remove
			□Change
MGR	Samantha Abaire	21620 Reflection lane	
		Bora Roton, FL 33428	Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

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Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	March 1st 2024
	Signature of a member or authorized representative of a member
	Samantha Aboure

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