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(Re	questor's Name)	
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	CT: Stas Bryant (1C Name of Limited Liability Company	•
The en	losed Articles of Amendment and fee(s) are submitted for filing.	
Please	eturn all correspondence concerning this matter to the following:	
	Sais Pruant Name of Person	
	Stas Bryan! (C	
	3100 S Dixie Huy Unit 690 Address	FED 20
	Joea Ratun Fl 33432 City/State and Zip Code	ب ن
	Starmbry ant Com E-mail address: (to be pred for future annual report notification)	133
For fur	her information concerning this matter, please call:	
	Stas Sryant at (254) 766-450 2 Name of Person Area Code Daytime Telephone Number	
Enclos	d is a check for the following amount:	
⊠ \$ 2	(additional copy is enclosed) Certified C	of Status &
	Mailing Address: Registration Section 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

	Cin	Florida Zip Code
	Enter Florida	street address
New Registered Office Address:		
Name of New Registered Agent:		
agent and of the new registered unite address	nere.	
B. If amending the registered agent and/or regagent and/or the new registered office address		ords, enter the name of the new registere
		- <u> </u>
	· ==== -	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
Enter new mailing address, if applicable:	<u></u>	
		Ξ
		79. C. T. C.
(Principal office address MUST BE A STREET	ADDRESS)	:2
Enter new principal offices address, if applicab		
		gnation "LLC" or the abbreviation "L.L.C."
SR Fil ConSulting [[C] The new name must be distinguishable and contain the word		
A. If amending name, enter the new name of the	he limited liability company here	;
This amendment is submitted to amend the follow	ring:	
Florida document number <u>[24000056]</u>	746	
The Articles of Organization for this Limited Liab	oility Company were filed on _//	30 / 2 and assigned
/ (A	Liability Company as it now appears of Florida Limited Liability Company)	
(Name of the Limited	Liability Company as it now appears o	n our records.)

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>	<u>Name</u>	Address	Type of Action
		 	□Add
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ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutory lent's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.0 filing requirements, this date will not be listed
rd specifies a delayed effective date, but not an effective time, at 12:01 a. filed.	.m. on the earlier of: (b) The 90th day after t
2/15.2024	