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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates of	Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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2024 APR 16 AM 10: 32 SECRETARY OF STATE

### **COVER LETTER**

TO: Registration Se Division of Cor		•	
SUBJECT: <b>0.</b> 5	. HOUSEKEED	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Britany B. S. Har 149 Crys	Name of Person  SIKELPING Firm/Company  Address	theole LC Drive
	Melnse F	1 3210100	
	Ontillanr E-mail address: (t	City/State and Zip Code OO 4 O O O o be used for filture sumual report noti	Cilication)
For further information c	oncerning this matter, please ca	all:	
Battuny	L'ALLIC EPerson	at ( <del>2004</del> ) Laytim	ac Telephone Number
Enclosed is a check for the	he following amount:		1
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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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

now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation: "L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_

#### 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.

City

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 1 **Address** Type of Action \_ 🗆 Change  $\Box$ Add □Remove  $\square$ Add \_\_ □Change \_\_ □Add Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Remove

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## Page 2 of 3

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Filing Fee: \$25.00