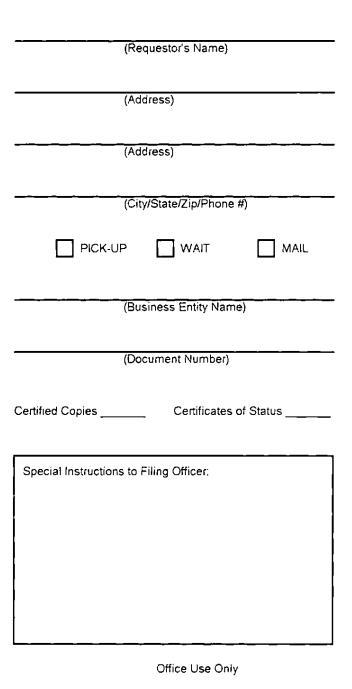
## L24 0000 73645





300430789293

02/28/24--01008--021 \*\*25.00

SECKETAKY OF STAT

## **COVER LETTER**

TO: Registration Se Division of Cor			
CUBUCT	I al A Hanna can	C Services LLC	
SUBJECT:		ted Liability Company	
What are bound to be wind a conf.	A	aderad for filling	
The enclosed Afficies of	Amendment and fee(s) are subs	mitted for filing.	
Please return all correspo	indence concerning this matter t	to the following:	
		icrosha Mode	
		Name of Person	
	414 du m	L. CUC	
		Firm/Company	· <del></del>
	414 dum	nitt COE Address	
		_	
	THUSVILLE Y	-L 32796	
		City/State and Zip Code	-
	E-mail address: (t	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca		
Lacresna Uc	NOV	at ( <u>407</u> ) <u>927 - Area Code</u> Daytim	1546
Name o	f Person	Area Code Daytim	e Telephone Number
Paralagad is a abanda for a	ha fallamina amanat		
Enclosed is a check for the	_		- *** *** **** ***
<b>5</b> \$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 Addres	<u>ss:</u>	Street Address:	
Registration !	Section	Registration Se	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lata Horse can	C SCYVICES 11C		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on ou Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L</u> 1400073645	ompany were filed on <u>02/</u> 6 	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	<u>ESS)</u>	<u> </u>	
•			
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
		E 3	
	<del>-</del>		_
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records	, enter the name of the new regist	erec
Name of New Registered Agent:	<del> </del>		_
New Registered Office Address:			
	Enter Florida stre	ot address	
		, Florida	
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Lacresha Moore	414 dommit aux THUSUIR 4L 32796	DAdd
		·	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			🗀 Remove
			□ Change
			□Add
			□Remove
			□Change
			DAdd

\_\_\_\_\_ □Remove

,	
	<del></del>
	<del></del>
,	·
•	
•	
•	
•	
·	
lf an ef <u>Note:</u>	ive date, if other than the date of filing:
rd is fi	
Dated	Ob/05-/34-  Signature of a member or authorized representative of a member
	Jacresha Meore Typed or printed name of signee