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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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Special Instructions to Filing Officer:





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COVER LETTER

Division of Corporati	ons		
SUBJECT:	Name of Limite	Arage LLC ed Liability Company	
The enclosed Articles of America	lment and fee(s) are subm	nitted for filing.	
Please return all correspondence	concerning this matter to	the following:	ACRE TO THE PARTY OF THE PARTY
	Conner	Name of Person Carrage Firm/Company	HAR 26 PH 3: 20 TALLAHASSEE, FL
_\	940 Han	Address	
	Deland	city/State and Zip Code Cagelle Gm be used for future annual report additional	- 0
_0	dilmore go E-mail address to	be used to future annual report political	ail.com
For further information concern			
Conrey (i)	nore	at 396 LODU - Daytime To	8934
Enclosed is a check for the follo	wing amount:		
□ \$25.00 Filing Fee □ \$	330.00 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:		Street Address:	_

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

(Name of the Limited Liability	Company as it now appears on o imited Liability Company)	ur records.)
(A Florida Li	imited Liability Company)	
The Articles of Organization for this Limited Liability Con		1 2024 and assigned
Florida document number <u>L240001083</u>	51-1	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		200
Enter new mailing address, if applicable:		5 N
(Mailing address MAY BE A POST OFFICE BOX)		170 or 177
		<u> </u>
B. If amending the registered agent and/or registered of	office address on our washed	75 2
agent and/or the new registered office address here:	otice address on our record	s, enter the name or the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida str	eet address
		, Florida
	Ciry	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 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
MGR	Robert & Gilmore IX	1940 Honton Rd.	DAdd
		Deland FL 32720	Remove
MGR	Corner Laimore	Jeland, PL 32720	Change SF CR TARY OF STOCKER Change Change
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If an effective dat Note: If the da	te is listed, the dat ate inserted in t	n the date of fi te must be specific his block does n the Department	and cannot be of meet the a	prior to date of fi pplicable statut	iling or more than	(option n 90 days after fil irements, this d	ling) Pursuant	to 605.0207 be listed as
e record specifi rd is filed.	es a delayed efi	fective date, but	not an effect	ive time, at 12:	01 a.m. on the	earlier of: (b)	The 90th da	y after the
Dated (arch	7	_, <u>20</u>	126				
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Filing Fee: \$25.00