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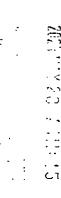
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6/13/24 KH



COVER LETTER

TO:

Registration Section

Div	ision of Corp	porations		
		YERS AND ASSOCIATES, L	LC	
SUBJECT:			ted Liability Company	
The enclosed	I Articles of A	Name of Person Area Code Daytime Telephone Number		
Please return	all correspoi	ndence concerning this matter	to the following:	
		DENNIS MYERS		
			Name of Person	
		DENNIS MYERS AND A	SSOCIATES, LLC	
Firm/Company				
		11311 MAHOGANY RUN	Š.	
			Address	
		FORT MYERS, FL 33913		
			City/State and Zip Code	
		•		
		•	·	cation)
For further is	nformation co	oncerning this matter, please ca	all:	
DENNIS M	YERS		at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 I	Filing Fee		Certified Copy	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Registration Sec Division of Corp The Centre of Ta	etion allahassee	
la	nanassee, F	L 32314	Z415 N. Monroe Tallahassee, FL	e Street, Suite 810:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on ou nited Liability Company)	r records.)
pany were filed on MARCH	and assigned
liability company here:	
Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
<u></u>	
fice address on our records	, enter the name of the new registere
Enter Florida stre	et address
	, Florida
City	, Florida Zip Code
	liability company here: Liability Company," the designation of the de

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

MYERS	FORT MYERS, FL 33913	_ □Remove _ □Change _ □Add _ □Remove
		□Change □Add □Remove □Change □Add
		□Add □Remove □Change □Add
		□Remove □Change □Add
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		_ □Change - ⇔
		: Add : Remove

	ation, enter change(s) here: (Attach additional sheets, i	,
		
		
Effective date, if other than the fan effective date is listed, the date im Note: If the date inserted in this bedocument's effective date on the I	e date of filing:	(optional) ys after filing.) Pursuant to 605.0207 hts, this date will not be listed as
record specifies a delayed effecti d is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier	r of: (b) The 90th day after the
MAY 23	2024	20
Dated		· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member	;
10		
DENNIS MYERS	Typed or printed name of signee	<u> </u>
	- Marie as harman manner as sufficient	် 1

Filing Fee: \$25.00