# 124000135412

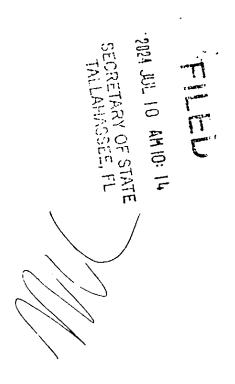
(Re	questor's Name)	<u> </u>
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PłCK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Name of Limi	TAFT LLC ited Liability Company	
	Amendment and fee(s) are sub-	•	
r rease return an correspon	idence concerning this matter	to the tonowing.	
	Maximilian	Name of Person	
	Buddy's	Firm/Company	<u>^</u>
	1548 Se 14	Address	<del></del>
	Fort Lader	City/State and Zip Code	<u> </u>
	Zin & C	be used for future annual report notif	ication)
For further information co	oncerning this matter, please ea	<del>i</del> il:	
Andrea T-10 Name of	Person	at (754) 244 Taytime	Telephone Number
Enclosed is a check for th	e following amount:		上のした
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee.  Certificate of Status & THE Certified Copy (additional copy is enclosed)

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 OF

(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on 2/19/24 and assigned Florida document number L24000135412  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 "LLC."  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)
Florida document number
Florida document number
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 "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:
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, <u>enter the name of the new registere</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
City
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>	<u>Address</u>	Type of Action
MGR	Maximilian Zim	1548 Se KIM ST	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		fort Loudendote RL	□Remove
		33316	□Change
mal	Mare Zoo	1548 Se 14th 5T	□Add
		Fort Landerdone 2L	DRemove
		33316	□Change
			□Add
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			Change
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If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	mun zinn
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Effecti	ve date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not gedisted at the
docume	ent's effective date on the Department of State's records.
e record rd is file	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated_	<u> </u>
	Min Dry con 2
	Signature of a member or authorized representative of a member
	Typed or printed name of signee