L24000139402

(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
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06/11/24--01033--001 **25.00

6/20/24

COVER LETTER

Division of Corp	porations		
subject: <u>So<i>uth</i></u>	ner V Cross S Name of Limi	Pecialty Contains	vactors, LC
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Wagoner & S 5400 Pive Bokeelig	Same of Person Name of Person	(= D,
For further information co	oncerning this matter, please co	all:	
Timosty J	Bruch1	at (239) 310	P-1076
Name o	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
₹25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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 Compart (A Florida Limited L	y as it now appears on our relability Company)	cords.)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L2400/39402</u> .	were filed on $03/21$	/2024 and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	'LLC" or the abbreviation "L.I	"C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		<u>-</u> .	
(Mailing address MAY BE A POST OFFICE BOX)			
		 	·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>e</u>	nter the name of the new	registered
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street a	ddress	
		, Florida	~ 2
	City		
New Registered Agent's Signature, if changing Registered Agent:		ı	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutic provided for in Chapter (s, and I am familiar wit 605, F.S. Or, if this docu	h and mënt is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	LyNN Marie Breau	1110 Asktham Drive	MAdd
ſ	. /	1110 ASKHAM Drive Cary, North Carolina 275	01/ □Remove
			☐ Change
		<u></u>	□Add
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Filing Fee: \$25.00