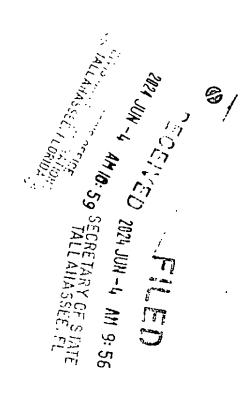
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	NTM INVE	STWANTS L	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	THEMPS	Name of Person  N V & STM & ST	5.
	TATIMHASSEE  AccounTNU  E-mail address:	Address  Address  City/State and Zip Code  TWTM . H Code  to be used for future annual report noti	SECRETARY TIME
For further information c	oncerning this matter, please c	all:	HO 9
THomas N Name o	187186 JR of Person	at ( \$50) W& - 1	0872 e Telephone Number
Enclosed is a check for the	he following amount:		
☐ \$25.00 Filing Fee	\$30.00 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 Registration 9 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- MILL IMOSLUON	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>レリッのり円をは多り</u>	were filed on 2,27,202 \(\frac{1}{2}\) and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
he new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable:	2477 OLO BAINGRIDGE RD, APT 1537
Principal office address MUST BE A STREET ADDRESS)	TAHINHASSEC, FL 32303
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new Pristered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street 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, 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
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Note: II	e date, if other than the date is listed, the date is the date in this t's effective date on the	block does i	not meet th	e applicab	date of filing le statutory	or more than filing requi	(optic 90 days after rements, this	filing.) Pur	suant to t not be l	605.0207 isted as
e record s rd is filed	specifies a delayed effec	tive date, bu	t not an eff	ective time	e, at 12:01 a	.m. on the e	arlier of: (b	) The 90	th day a	fter the
Dated	0/4/24	-A-	<del></del> · <del></del>	-	. •					
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Filing Fee: \$25.00