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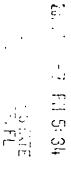
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer.
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporation				
	COUVICE Sec	- GiCe L CC ited Liability Company		
The enclosed Articles of An Please return all corresponde				
	Brandon	Seymore Name of Person		
		Firm/Company		
	4628 Sulavyb	oon Pres Dije		F-6.7
	Lake worth		· ·	l =0
-	Twinboards E-mail address: (1	City/State and Zip Code Of Dyokon Com to be used for future annual report no	otification)	PH 5:34
For further information conc			17	
Brandon Name of Pe	Seymore	at (<u>5101</u>) <u>562</u> - Area Code Dayti	5029 me Telephone Number	_
Enclosed is a check for the f	ollowing amount:		Λ	
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of Certified Copy (additional copy)	Status &
Mailing Addrage		Street Address		

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)

of Organization for this Limited Liability Company were filed on ________ and as

	and assigned
<u>there</u> :	
ne designation "LL	C" or the abbreviation "L.L.C."
V/A	<u> </u>
	**
14	
	<u> </u>
r records, <u>ente</u>	r the name of the new registered
Florida street addr	PNS
, Florida	
	Zip Code
	V / fa // It records, ente

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>	Name 1	Address	Type of Action
	N		☐ Add ☐ Remove ☐ Change
	·		□ Remove
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	<i>N/X</i>		
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n effective date is listed, the date in this If the date inserted in this		(optional) ng or more than 90 days after filing.) Pursuant to 605.0 y filing requirements, this date will not be listed	
	tive date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after t	the
is filed.	1 /		
red 7/31/24			
, ,			
	Signature of a member or authorized represe	ntative of a member	
	71 1		