## 124000154015

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filina Officer:	<u> </u>
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TALL AHASSEE, FL

05/00/24

## **COVER LETTER**

ŢO:	Registration Division of C					
SUBJE	CT:		O <sub>v</sub> (i)	Keishts nited Liability Company	LLC	(L24000154015)
			reathe of the	med Elabinty Company		
The en	closed Articles (	of Amer	ndment and fee(s) are sub	omitted for filing.		
			ce concerning this matter	_		
I icase :	return an corres	ponden	ce concerning this matter	to the following.		
		_	Kay	Name of Person	cis	
			/	Name of Person		
		_	114 6	Firm/Company	ghts L	16
			11462	Quail	Ruost	Da
			$\wedge_{\wedge}$	Address	2210	$\widehat{}$
			VYVingi	_, + _	5515	<u>/</u>
			1874	City/State and Zip Co		[L Con
For fur	ther information	ı concer	ning this matter, please c		uai repoti neançanen)	
A					201	( ) • 1
<u> Ku</u>	ymond	<u> </u>	arcia	at ( <u>305</u> ) Area Code	271-	1101
	Name	e of Persi	on	Area Code	Daytime Teleph	one Number
Enclose	ed is a check for	the foli	lowing amount:			
□ \$2:	5.00 Filing Fee		\$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy is	-	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addr				t Address:	
	Registration Division of				stration Section sion of Corporation	one
	P.O. Box 63		TANIQIIS		Centre of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (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>L2H600154015</u>	were filed on O 4- 01-2024 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:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1874 Holding Conpany Lill 11462 Quail Roost Dr Minn: Fl 33157 =
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	MY 201-100
B. 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 registered
Name of New Registered Agent: 1874  New Registered Office Address: 11462	Oneil Rost Do
M'in	Enter Florida street address  City  Enter Florida street address  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 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>	Name	Address	Type of Action
Mer mor	1874 H.Wing Enry	11462 Quil Roost	DAdd
			□Remove
			□Change
Mar Mer	Lundes D Culas	11462 Oncil Ross+ Dr Mari FL 33157	
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	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<del></del>	
Note: If the	date, if other than the date of filing:
e record sp rd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	07-15-24/
	/out
	Signature of a member or authorized representative of a member
	Lordes Daison Colas
	Typed or printed name of signee

Filing Fee: \$25.00