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(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

Division of Corpo			
SUBJECT:		ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	9,	10	
	Stephanie	Name of Person	
		vane var ettim	
		Firm/Company	
	House no	\alpha \cdot	(1 1 = 201777
		Address	Cloud FC 39/12
		City/State and Zip Code	
	Divinetin	ne 414 @ amail.	Com
For further information con	ncerning this matter, please ca	ıll:	
Styphanie	Miller	ar (407) 717	1-8209
Name of I	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	fallowing amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60,00 Filing Fee.
2325.00 Tilling FCC	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	.•
Registration Se Division of Co		Registration Se Division of Co	
P.O. Box 6327	•	The Centre of	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li (A F)	ability Company lorida Limited Lia	as it now app bility Compan	ears on our l y)	records.)		
The Articles of Organization for this Limited Liabili Florida document number <u>L24</u> 000151729		ere filed on	Apri	1 2 20	2 <u>4</u> and a	ssigned
This amendment is submitted to amend the following	g:					
A. If amending name, enter the new name of the	limited liabili	ty company	here:			
The new name must be distinguishable and contain the words	"Limited Liability	Company," th	e designation	r"LLC" or the	abbreviation "	1L.C."
Enter new principal offices address, if applicable	: .					
Principal office address MUST BE A STREET AI	DDRESS)	414	<u>5th</u>	Hue.		
		India	lantic	FLE	93291)3
Enter new mailing address, if applicable:					24 APR	:
Mailing address MAY BE A POST OFFICE BOX	<u>o</u> .		-		<u> </u>	<u></u>
					<u> </u>	8-
3. If amending the registered agent and/or regist gent and/or the new registered office address he	tered office adere:	dress on ou	r records,	enter the na	med the n	ew registered
Name of New Registered Agent:	Stepl	nanie	L.	Mille	r	
New Registered Office Address:	4245		Hon Horida street	<u>Lol</u> address		
	St. Clou	ıd		_, Florida	347	12
		City			Zip Code	<i>e</i>

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>	Address	Type of Action
MGR	Stephanie Miller	4245 Albritton Rd	izhdu
		St Cloud FL 3471	Remove
			_
AMBR	Stephanie Miller	4245 Albritton Ro St. Cloud FL 3477	Add
		St. Cloud FL 3477	
			□Change
			🗆 Add
			□Remove
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an effecti	ve date is	listed, the	date must	be specif	ic and ca					ı 90 days a	after filing.) Pursuar this date will not	
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