124000191437

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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
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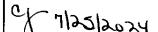
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COVER LETTER

	gistration Se vision of Cor			
CUDIECT.		ECHOBEE LLC		
SUBJECT:		Name of Lim	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		JOHN A STINSON		
			Name of Person	
		AMS OKEECHOBEE LL	.C	
		•	Firm/Company	
		14154 71ST PL N		
			Address	
		LOXAHATCHEE, FL 33-	470	
			City/State and Zip Code	
		JOHN@AMSPALMBEAC		
		E-mail address: ((to be used for future annual report notification)	
For further	information c	oncerning this matter, please of	rall:	
JOHN A S	TINSON		561 282-7875	
	Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified (e of Status &
Re	niling Addres gistration S	Section	Street Address: Registration Section	
	vision of C O. Box 632	orporations	Division of Corporations	
	J. Box 632 Ilahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Suite 81	.0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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AMS OKEECHOBEE LLC		
(Name of the Limited Li (A F	iability Company as it now appears o lorida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L24000191437</u>	ity Company were filed on $\frac{04/23}{2}$.	/2024 and assigned
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here	:
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ords, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
_	<u> </u>	, 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
P	DOUBLE 13 HOLDINGS INC	14154 71ST PL N	
		LOXAHATCHEE, FL 33470	□Remove
			□Add
			□Remove
			□ Change
			_
			□Remove
			☐ Change
			□Add
			□Remove
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			□Add
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if an effect Note: I	re date, if other than the date clive date is listed, the date must be s if the date inserted in this block of mt's effective date on the Depart	pecific and cannot be pri loes not meet the app	licable statutory filin	(options ore than 90 days after file g requirements, this day	ng.) Pursuant to 605.020
e record rd is file	specifies a delayed effective dated.	e, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated _	JUNE 25T	H . 202	24		
		Sec.			
	Sign	ature of a member or au	thorized representative	of a member	

Filing Fee: \$25.00