# L24 000 192238

(Requ	estor's Name)	· · · · · · · · · · · · · · · · · · ·
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name)	<del></del>
(Docum	nent Number)	
Certified Copies	Certificates of S	Status
Special Instructions to Fili	ng Officer;	
<u>.</u>		

Office Use Only



700429631767

05/15/24--01001--017 \*\*27.00

02424 15 PH 2:50

SECPETATION SECRETARIASSEE. FLOR

RECEIVED



### **COVER LETTER**

TO:

Registration Section

Division of Cor	porations						
Unclas	and Line: to	1 0					
SUBJECT: <u>LATHE WEA</u>	ned Limitz L	nited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	indence concerning this matter	to the following:					
	hellin Turning	(OSCY) Name of Person					
	<u> </u>	Name of Person					
		Firm/Company					
		- mirecompany					
	706 SW 44 Fers	APT 2					
	706 Siv 4th Fer	Address					
	Vania Deach F	City/State and Zip Code					
	1-10/1	acho 1405 Dom	nd a				
	E-mail address: (	In Chained 11CFL Com to be used for future annual report not	ification)				
For further information c	oncerning this matter, please c	all					
ror mornarion e	oncerning this matter, pietise e	uii.					
		at ( )					
Name o	f Person	at () Area Code Daytin	ne Telephone Number				
Enclosed is a check for the	ne following amount:						
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,				
= 31.00 Time (C	Certificate of Status	Certified Copy	Certificate of Status &				
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)				
			,				
Mailing Addres		Street Address:					
Registration !		Registration Se					
Division of C P.O. Box 632	-	Division of Cor The Centre of T	•				
Tallahassee, 1			pe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

[ ...

Unchained Limitz L.L.C	
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company) Z02477 15 Fil 2: 53
The Articles of Organization for this Limited Liability Compa	
Florida document number <u>L 34600 192 238</u>	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I	iability company here:
The new name must be distinguishable and contain the words "Limited L	iability 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	2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	***
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registers</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

### 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	Anita Lacey	206 Sou 4th Kr ApT 2 Duna Ft	CAdu
		33004	□Remove
			□Change
		_	□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			□Change
			□Add
			□Remove
			🗀 Change
			🗀 Add
			□Remove
,			□Change

# Page 2 of 3

Hn. Fo	will	have	85 pc	runt	and	Kevin	<u>Casay</u>	Will	hove	15 pc	ricort	_
	<del></del>							<del></del>				_
												_
							_					_
<u> </u>	·				•							_
						<del></del> .				·		_
							<u>-</u>					<del>-</del>
							<del></del>					_
												_
	_											_
					. <u>.</u>							_
			-									_
									<del></del>			_
<del></del>												-
		<del>.</del>	<del>.</del>								<del>-</del>	<del></del>
<del></del>												_
ffective da 'an effective o Note: If the locument's e	late is listed date insert	l, the date n led in this	nust be spec block doe	ific and cast me	annot be et the ap	oplicable :			m 90 days a			
e record s The 90th					te, bui	t not an	effectiv	e time,	at 12:0	1 a.m. c	n the earl	lier o
ated <u>Ma.</u>	115	-	- Th	- John	2024	<u>+</u> .						
_							representa	tive of a n	iember			
			-									

Page 3 of 3