LZ4000236188

(Re	equestor's Name)	
	idress)	
(Au	uiess)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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06/28/24--01027--003 **25.00

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COVER LETTER .

	Registration Se Division of Cor			
SHD IFC	Tribe Gear			
SUBJEC	1:		ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		Alexander Carey		
			Name of Person	
		Company		
			Firm/Company	
		2645 South Bayshore Driv	e Apt 1003	
			Address	
		Miami, Florida 33133		
			City/State and Zip Code	
		alexandercarey24@gmail.co	om to be used for future annual report noti	Faction
For furthe	er information co	oncerning this matter, please co	·	neation
Alexande	r Carey		786 8972920 at ()	
	Name of	f Person		e Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
1 1 1	Mailing Addres Registration S Division of C P.O. Box 632 Fallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Linkill	1. C.	
(A Florid	ity Company as it now appears on our records. a Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Corida document number <u>L24000236188</u>	Company were filed on <u>06/01/2024</u>	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	 	
3. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter t</u>	he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Enter Florida street address	
	, Flor	rida Zip Code
	City	гір соае

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	<u>Address</u>	Type of Action
AMBR	Alexander Carey	2645 South Bayshore Drive Apt 1003	■Add
			□Remove
			□Change
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			□Change

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fective date, if other than the effective date is listed, the date is	he date of filing:	(optional) ing or more than 90 days after filing.) Pursuant to 605.02
ote: If the date inserted in this	block does not meet the applicable statute	ory filing requirements, this date will not be listed
cument's effective date on the	Department of State's records.	
ecord specifies a delayed effect	tive date, but not an effective time, at 12:0	11 a.m. on the earlier of: (b) The 90th day after th
is filed.		÷
luna 26	2024	:
June 26 ted	2024	.ś
	71	•
	Signature of a member or authorized repres	