124000283385

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Tallahassee, FL 32314

Division of Corpo			C. 110,055	
SUBJECT:	OBSESSES	HTIW C	Success	
	Name of Limi	ited Liability Company		
The englaced Articlus of Ar	nendment and fee(s) are sub-	mittad for filing		
		_		
Please return all correspond	ence concerning this matter	to the following:		
	Chri.	Stopher Lu	Plante	
		Name of Person		
		Firm/Company		
	240	Mentone P	hd \$	
		Address	(G-)	
	Onto	alan Beach	E1 22425	
	ROAL	City/State and Zip Code	FL 33435	
	Christae F-mail address: 0	lante 335@9mu to be used for future annual re	ALCOM	
For further information con	cerning this matter, please ca			
Christopher	Laplante	6/1 5	(1-843-1046	
Name of P	erson	at (36) 36 Area Code	61 -843 - 1545 Daytime Telephone Number	
Enclosed is a check for the	_			
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status	
Mailing Address:	.•	Street Ade		
Registration Se Division of Cor			tion Section of Corporations	
P.O. Box 6327	poracions		tre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>OBSESSEA</u>	with succes	<u>)</u>
(A Florid	ity Company as it now appears on our red a Limited Liability Company)	sorus.)
The Articles of Organization for this Limited Liability Colorida document number $L24000283385$		24, 2024 and assigned
This amendment is submitted to amend the following:		24
A. If amending name, enter the new name of the lim	nited liability company here:	24 AUS -
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)	29
		;•
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere gent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·	iter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	kiress
		, 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 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

Title MGR	<u>Name</u>	Address	Type of Action
Mon	Christopher Laplante	240 montone Rd Boynton bec	<u>v</u> h _{□ Add}
		FL 33435	Remove
			□Change
AP	Christopher Laplante	240 Mentane Pd Bothton b	€00 ∏Add
		FL 33435	Remove
			□Change
MGA	Christopher Lallante	240 Mentone Rd Bolnton	
		beach FL 33435	Remove
			□Change
MGB	Christopher Lallante	240 Mentone Rd Bornson	□Add
		beach FL 33435	Kemove
			□Change
MGR	Christopher Laplante	290 Mentone Bd Bornton bea	<u>Ch</u> □Add
		FL 33435	Remove
			□Change
			□Add
			□Remove
			□Change

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_	<u></u>
Note: H	e date, if other than the date of filing:
he record ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	JUN 20 2024
	Signature of a member or authorized representative of a member
	Christopher Laplante

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Filing Fee: \$25.00