L24000293621

	(Requestor's Name)	
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> 024 AUG -2 AM 9: 52 Secretary of State

COVER LETTER

Division of	Corporations			
Route I'SUBJECT:	7LLC			
30b3EC1.				
The enclosed Article	s of Amendment and fee(s) are subr	mitted for filing.		
Please return all corr	espondence concerning this matter t	to the following:		
	Patricia Palladino	Name of Person Firm/Company Tree Address Florida 33955 City/State and Zip Code gmail.com -mail address: (to be used for future annual report notification) atter, please call: at (631 7679277 Area Code Daytime Telephone Number Daytime Telephone Number		
		Name of Person		
	Bar17			
	<u> </u>	Firm/Company		
	7416 S Ficus Tree			
	· ***	Address		
	Punta Gorda, Florida 33955	5		
		City/State and Zip Code	;	
	bar l 7florida@gmail.com		1	
			report notification)	
For further information	on concerning this matter, please ca	dl:		
Christina Hillman			579277	
Nai	me of Person		Daytime Telepho	one Number
Enclosed is a check f	for the following amount:			
□ \$25.00 Filing Fe	Certificate of Status	Certified Copy		Certificate of Status & Certified Copy
<u>Mailing Ad</u>	dress:	Street A	address:	2024 AUG SECT:_ TALL

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section

Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

2024 AUG - 2 AM 9: 52

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Route17		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our r Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number L24000293621	y were filed on June 28, 202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, o	enter the name of the new registered
Name of New Registered Agent:		
Chrisa amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liable. The new name must be distinguishable and contain the words "Limited Liable. Center new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent as registered agent and agrange accept the appointment as registered agent and complete accept the obligations of my position as registered agent as periodic filed to merely reflect a change in the registered office accept the registered office.	Enter Florida street d	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>•</u>	2021 SE
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my dutic provided for in Chapter (es, and I am familiar with and 605, F.S. Or if this document is

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>	Name	<u>Address</u>	Type of Action				
AMBR	MBR Patricia Palladino	360 Holbrook Road					
		Ronkonkoma NY 11779	🗆 Remove				
			Change				
	 						
			□ Remove				
			□Change				
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If amending any other inform	madon, cutc	r change(s) r	ucici (/iliac/		sneets, y nee	cosur y.,		
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Effective date, if other than (the date of fi	iling•			(opti	onal)		
If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific s block does no	and cannot be poor of meet the ap	orior to date of fi plicable statut	iling or more th	ian 90 days afte	r filing.) Purs		
e record specifies a delayed effect rd is filed.	ctive date, but	not an effectiv	ve time, at 12:	01 a.m. on th	e earlier of: (b	o) The 90tl	n day aft	er the
July 26		2024				SE(2024	
Dated		2. —	· ·),	2024 AUG	
						25	-2	ç
	Signature o	of a member or a	authorized repre	esentative of a	member	SSEI FOF	F	
Christina Hillman						<u> </u>	ڢ	

Typed or printed name of signee