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## **COVER LETTER**

	Registration So Division of Co			
SUBJEC	V 4 1	Group, LLC		
SODJEC.		Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter		
		Krista Johnson-Langehaug	•	
			Name of Person	
		Langehaug Group, LLC		
			Firm/Company	
		9489 Bearfoot Trail		
			Address	·
		Weeki Wachee, FL 34613		
			City/State and Zip Code	
		contact@langehauggroup.c	om	
		E-mail address: (	to be used for future annual report not	ification)
For furthe	er information c	oncerning this matter, please c	all:	
Krista Joh	ınson-Langehai	บุธ	813 450-4437	
	Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$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)
_	Mailing Addres	_	Street Address:	
	Registration S Division of C		Registration Sec Division of Cor	
	O.O. Box 632		The Centre of T	
Ţ	fallahassee, F	FL 32314		e Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Langehaug Group, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 1, 2024 and assigned Florida document number L24000294110 This amendment is submitted to amend the following: 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 designation "LLC" or the abbreviation 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida \_ City

## 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
MBR	Joseph Langehaug	9489 Bearfoot Trail	<b>≣A</b> đd
		Weeki Wachee, FL 34613	□Remove
		<del></del>	□Change
MBR	Krista Johnson-Langehaug	9489 Bearfoot Trail	□Add
		Weeki Wachee, Fl 34613	■Remove
		-	■Change
			□Add
		<del></del>	
			□Change
			□Add
			□Remove
		Change	
	1777		□Add
		□ Remove	
		□Change	
			□Remove
			□Change

Je	oseph Langehaug should	be the sole mem	ber.				
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Effectiv	ve date, if other than	the date of filin	g:			optional)	
Note:	ective date is listed, the date If the date inserted in this ent's effective date on the	s block does not i	meet the applic	able statutory fi	r more than 90 days ling requirement	s after filing.) Pursus s, this date will no	ot be listed as
record d is file	d specifies a delayed effe ed.	ctive date, but no	t an effective t	ime, at 12:01 a.r	n, on the earlier (	of: (b) The 90th	day after the
) Dated	7/17		2024				
		<del></del>	•	<u> </u>			

Filing Fee: \$25.00

Typed or printed name of signee