

## L24000303472

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

	istration Sect ision of Corpo							
SUBJECT:		HAPA VA	) h ole me of Limite	<u>ale</u>	Company	مين حر	1 Dow	$\Gamma$
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The enclosed	Articles of Ar	mendment and fee(	s) are subm	itted for fil	ing.			
Please return	all correspond	lence concerning th	is matter to	the follow	ing:			
			Pho	NdG Name	of Person			
			<del>-</del>	Firm/C	Company	<del></del>		
			744	ICJ \	Valley dress	Cost		-
			<u>q 1,1</u>	City/State a	and Zip Code  Code		FC	34653
		E-mai	address: (to	be used for	future annual repor	Sma t notification)	ناند	cin
For further in	formation con	cerning this matter						
<u>Da</u>	Name of P	aPSCOTT erson		at ( Ar	613) 79 ea Code D	7 - SG aytime Telepho	19 one Number	<del> </del>
Enclosed is a	check for the	following amount:			·			
Ø \$25.00 F	iling Fee	□ \$30.00 Filing F Certificate of		Certif	Filing Fee & Ted Copy onal copy is enclosed		Certified	te of Status &
Reg Div	ling Address: distration Section of Cor ision of Cor b. Box 6327				Street Address Registration Division of The Centre	n Section Corporation		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compan (A Florida Limited I.	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2400303472</u>	were filed on Join & ZDZM and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil.  The new name must be distinguishable and contain the words "Limited Liabil"	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Danny Tapscott
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Turu valley court New Zort Ruhey FC, 34653
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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 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
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		New Port Richary FL 3465	3 □Remove
	·		□Change
MGR	Phonoda Hill	zyyy Villey Court	ŒAdd
		new Port Richay Fl	□Remove
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in effec <u>ote:</u>	re date, if other than the date of filing:
ecord is tile	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th d.
ted _	10/17/24
	Jales 1
	Signature of a member or authorized representative of a member
	Denous Tabs cott / Rhowels Hill