## L84000310040

(Requestor's Name)										
(Address)										
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(City/State/Zip/Phone #)										
PICK-UP WAIT MAIL										
(Business Entity Name)										
(Document Number)										
Certified Copies Certificates of Status										
Special Instructions to Filing Officer:										

Office Use Only



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A Day



## **COVER LETTER**

TO: Registration Sec Division of Corp										
SUBJECT: Take	a. Home	110								
Subance:		nited Liability Company								
The enclosed Articles of A	smendment and fee(s) are sub	mitted for filing.								
Please return all correspon	dence concerning this matter	to the following:								
	Jucilene	NAIA DA	SILVA	<del></del>						
	TABA HO	Pirm/Company	,	. <u></u> .						
	8895 NW	98th Ct Address								
	Poral, FL 337	City/State and Zip Code	States_							
	Trail address: (	A I A 390 GI to be used for future annual re	MAIL. C							
For further information co	ncerning this matter, please ca	all:								
JULILENE	MAIA SILV	4 31(786) 2	21- 6:	55 <del>7</del>						
Name of		Area Code	Daytime Telep	phone Number						
Enclosed is a check for the	following amount:									
≨ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)						
Mailing Address:		Street Ado	lress:							
Registration Se			ion Section							
Division of Co		Division of Corporations								
P.O. Box 6327			tre of Tallah	assee						
Tallahaccea El	5.7.5.1.41	22H 5 N	Monroe Str	er Suite XIII						

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2025 JUL 16 AMII: 30

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 Florida document number 1240003100 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 "L.L.C." 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 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

## 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.

City

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

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Filing Fee: \$25.00