L24000313514

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COVER LETTER

TO: Registration Sec Division of Corp	tion orations		
	e So Corng Name of Yim	66 C	
SUBJECT: TV	Name of Vim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Davis	Poblano Name of Person	
		Name of Person Or 194 LLC Fum/Company	
	430 SE	Central Parkk Address	1ag #3305
	Stuart	Address FL 34994 City/State and Zip Code	J
	Me 50 C	City/State and Zip Code OF PULL OF GMA to be used for future annual report notifi	il. Com
For further information co	ncerning this matter, please ca	all·	
David Po Name of	, ,	at (<u>772</u>) <u>485 -</u> Area Code Daytime	4473 Telephone Number
Enclosed is a check for the	tollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	23 P
Registration Solution Solution Solution of Co		Registration Sec	tion give 🏗 🃜
P.O. Box 6327		Division of Corp The Centre of Ta	allahassee
Tallahassee, F			Street, Suite 810
		Tallahassee, FL	32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE SO Corny,	LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
	i i i	(
The Articles of Organization for this Limited Liability Company	were filed on $\underline{\mathcal{J}}$	224 and assigned
Florida document number <u>L 24000313514</u> .	J	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>	pility company here:	
DH Me So Corny LL The new name must be distinguishable and contain the words "Umited Liab		
The new name must be distinguishable and contain the words "Unified Lab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
		
D. If any adiag the angles and any to add a second and the second		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	audress on our records, enter the na	ime of the new registere
,		
Name of New Registered Agent:		:: 203
N. D. C. LOGT ALL		12.1. 13.1.
New Registered Office Address:	Enter Florida street address	E TANE 20
	T21 - 1-1	ري الريتي
	Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	2007 E
·——— ·		

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>	<u>Address</u>	Type of Action
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effective date is	s listed, the date must be	specific and car	mot be prior to da	ate of filing or more	than 90 days after	filing.) Pursuant to 605.02
	inserted in this block tive date on the Depar			statutory filing r	equirements, this	s date will not be listed
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cord specifies	a delayed effective da	te, but not an	effective time.	at 12:01 a.m. on	the earlier of; (b) The 90th day after the
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