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(Requ	estor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	
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2024 JUL 23 AH 2: 34 SEORETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corpor	rations, '	/ /	1 / _	
SUBJECT:	Thr Ival	, LOVE (
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
	FRE	D HAR	UEY	
		Name of Person		
		Firm/Company		
	2528	Bungani	Villey Sta	2024 JUL
		Adderss		191
	SARAS	OTA AL	34239	23 =
	-fr-d	City/State and Zip Code	@ Small	
-	E-mail address: (to be used for future annual report	t notification	9
For further information conc	erning this matter, please ca	all:		
FRED H	ARIEY	at (941) 69	03579	
Name of Pe	rson /	Area Code Da	sytime Telephone Number	
Enclosed is a check for the f	ollowing amount:			
\$25.00 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 State Certified Copy (additional copy is enc	

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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iability Company as it now appears (lorida Limited Liability Company)	on our records.)
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) ganization for this Limited Liability Company were filed on	
is Limited Liability Company were filed on	
e limited liability company here	:
Limited Liability Company," the des	gnation "Ll.C" or the abbreviation "L.L.C."
e:	
(DDRESS)	
	23
<u></u>	7. F. W
	ords, enter the name of the new registered
Entry Elmit	a streat uddrags
Enter Florid	
City	. Florida Zip Code
	Ity Company were filed on

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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