London Vice Contraction of the			
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(Document Number) Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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## **COVER LETTER**

TO: **Registration Section Division of Corporations** nenia, LL SUBJECT: Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



Enclosed is a check for the following amount:

Name of Person



۰,

۰.

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)



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

Davtime Telephone Number

ARTICLES OF AN	IENDMENT					
TO ARTICLES OF ORGANIZATION OF						
( <u>Name of the Limited Liability Company as</u> (A Florida Limited Liabil	Hymenia, LLC it now appears on our records.) ity Company)					
The Articles of Organization for this Limited Liability Company wer Florida document number $\underline{L24000340472}$	e filed on $8   l \cup   2  $ and assigned					
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 C Enter new principal offices address, if applicable:						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered office addr agent and/or the new registered office address here:	ess on our records, <u>enter the name of the new registered</u>					
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street address					
	, Florida					

## 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

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jessica Forman	4931 W Melrose Au	N-Add
		<u>1931 W Melrose Au</u> Tampa, FL 33629	Remove
		·	□Change
			⊂Add
			🗌 Remove
			Change
			Add
			[]Remove
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			□Change
			□ Add
			Remove
			⊡Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

200 Dated  $\propto$ Signature of a member or authorized representative of a member Kar

Typed or printed name of signee