## L25000229781

(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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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration 5 Division of Co			
je	astoreu Delive	ru Services U	FILED
SUBJECT: <u>JC</u>		ited Liability Company	900K AUG -5 AM 9: 38
			SECRETARY OF STATE
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	TALLAHASSEE, FL
Please return all corresp	ondence concerning this matter	to the following:	
	<u>Forest</u>	Store Mame of Person	
	Seashore	Ey Delivery Ser Firm/Company	rvices L.L.C.
	4923 SF	F Bellev LN Address	· •
	Stuart, FL	: 34997 City/State and Zip Code	
	,	City/State and Zip Code	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		to be used for future annual report noti	
For further information	concerning this matter, please ca	ની:	
Forest	of Person	at ( <u>561</u> ) <u>420 -</u> Area Code Daytim	9821 e Telephone Number
		ŕ	
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 enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addro Registration		<u>Street Address:</u> Registration Sec	ction
Division of (	Corporations	Division of Cor	porations
P.O. Box 63	27	The Centre of T	`allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO

ARTICLES O	F ORGANIZATI	ON Suspense of the majority of the same
	OF	FILED
SEA STOYEY DELIVER (Name of the Limited Liability Co		IN OUT PECCHETARY OF STATE
The Articles of Organization for this Limited Liability Comp.	oany were filed on	10000 1111 SHA Sin Essigned
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 I	.iability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<del></del> _
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our reco	ords, enter the name of the new registered
Name of New Registered Agent:	in the state of th	
New Registered Office Address:		
	Enter Elorida	street address
	Cny	, Florida Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	Forest Storey	4423 SE Beaver Ln	□ Add
		Stuari, FL	□Remove
		34997	XiChange
			🗆 Add
			□Remove
			□Change
		C. C	ZDAdd
		MASSET TO	· M
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			⊃Add
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			🗆 Add
			□Remove
			□Change

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	SECRETARY SE SHATE TALLAHASSEE, FL
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	pecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 loes not meet the applicable statutory filing requirements, this date will not be listed a
ecord specifies a delayed effective date s filed.	e, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
ed July 26	2025.  Catherina and the control of a member of a memb
House !	etremo

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