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





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COVER LETTER

Division of Co	orporations		
	We Create, Pasco LLC		
SUBJECT:	Name of Limi	ited Liability Company	······································
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Rachel E. Saylor		
		Name of Person	
	Together We Create, Pasco	LLC	
	-	Firm/Company	
	11693 Judicial Ct		
		Address	·
	Dade City, FL 33525		
		City/State and Zip Code	
	Togtherwecreate2025@outl		
For further information	e-mail address: (i	o be used for future annual report n	otineation)
Rachel E. Saylor		863 660-4081	
Name	of Person	Area Code Dayt	ime Telephone 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 enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Together We Create, Pasco LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records. Liability Company))
he Articles of Organization for this Limited Liability Company lorida document number	were filed on	and assigned
orida document number		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		56.02
Principal office address MUST BE A STREET ADDRESS)		
		10
		
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		යි
16	66	and an other manners of the
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here.		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	rida
	Cuy	Zip Code

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Rachel E.Saylor	11693 Judicial Ct Dade City, FL 33525	■ Add
			□ Remove
		····	Change
	- 		
			□ Remove
			☐ Change
			Add
			Remove
			□ Change
			Add
		 	Remove
			Change
			Add
			Remove
		·	Change
			Add
			☐ Remove
		<u></u>	Change

J. II AIII	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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•	
E. Effect	ive date, if other than the date of filing: (optional)
(If an cf Note:	rective 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), If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	
2	
	Signature of a member or authorized representative of a member
	Ethan R.Saylor

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Typed or printed name of signee

Filing Fee: \$25.00