# L22 0000 T1103

| (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: |
| J. HORNE                                |
| APR 19 2022                             |
|   |
|   |
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Office Use Only



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## **COVER LETTER**

| TO: Registration S<br>Division of Co |  |   |  |
|--------------------------------------|--|---|--|
| SUBJECT: B                           | linged Out D                                 | i Cl ZZV  | <del></del>  |
| The enclosed Articles of             | Amendment and fee(s) are sub-                | mitted for filing.  |  |
| Please return all correspondent      | ondence concerning this matter               | to the following:   |  |
|                                      | Zak  | le Bush   |  |
|                                      | Plinged                                      | Out By 6/122/   | ,  |
|                                      | 736 Will                                     | lie Ruth William  | ns lane  |
|                                      | Quin   | City/State and Zip Code   |  |
|                                      | E-mail address: (i                           | to be used for future annual report nou cobee by 40 4ma.  | fication)  |
| For further information of           | concerning this matter, please co            | all:  |  |
| Zalve                                | Sush<br>of Person                            | at (850) 544<br>Area Code Daytim  | -0906<br>e Telephone Number  |
| Enclosed is a check for t            | he following amount:                         |   |  |
| □ \$25.00 Filing Fee                 | ☐ \$30.00 Filing Fee & Certificate of Status | <ul> <li>\$55.00 Filing Fee &amp;<br/>Certified Copy<br/>(additional copy is enclosed)</li> </ul> | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

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**

FILED 2022 APR 19 PM 1: 08

| Blinged Ont By (Name of the Limited Liability (A Florida   | ty Company as it now appears on Limited Liability Company) | SECRETARY OF STATE OUT records.) HASSEE, FLORING |
|--|--|--|
| The Articles of Organization for this Limited Liability C  |  |  |
| Florida document number <u>\\\22000077103</u>  | <u>·</u>   |  |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the lim   | ited liability company here:                               |  |
| The new name must be distinguishable and contain the words "Lim  | ited Liability Company," the design                        | ation "Ll.C" or the abbreviation "L.L.C."        |
| Enter new principal offices address, if applicable:  | <del></del>  |  |
| (Principal office address MUST BE A STREET ADDI  | RESS)  |  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                       |  |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our recor                              | ds, enter the name of the new registered         |
| Name of New Registered Agent:  |  |  |
| New Registered Office Address:   | Enter Florida  | street address                                   |
|  |  | Plant da   |
| <del></del>  | City   | , 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.

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> | Name         | Address  | Type of Action |
|--------------|--------------|--|----------------|
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|              |              | act ( ) lider 5 b                                | Change         |
| HWBU         | Randon Bush  | 750 5 Gadsden St<br>Tallahuse Fl 3230 /          | &Add           |
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| lf an effectiv<br>Note: If th | date, if other than the date of filing:  |
| e record sp<br>rd is filed.   | ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
|                               | spril 19 2022  |
|                               | Signature of a member or authorized representative of a member   |
|                               | Zakyle Rush  |

Filing Fee: \$25.00