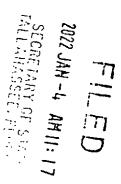
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

EJMD, PLI SUBJECT:	.C		
усынх.т	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	JACOBSON, EVAN		
		Name of Person	
		Firm/Company	
	217 BLESSED ISLES LA		
		Address	
	JUPITER, FL 33478		·····
	ejacobsonmd a gmail.com	City/State and Zip Code	
For further information c	E-mail address (oncerning this matter, please co	to be used for future annual report not all:	fication i
JACOBSON, EVAN		703 785-0094	
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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: Registration Section		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

EJMD, PLLC

2022 JAN -4 AM 11: 17

(Name of the Limited Liability Company as it now appears on our records: TARY OF STARY (A Florida Lunited Liability Company) THE CARASSEE FLORE The Articles of Organization for this Limited Liability Company were filed on $\frac{08/31/2021}{1}$ _____ and assigned Florida document number _L21000389610 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 Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address. Enter Florida street address Cin

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>	Address	Type of Action
MGRM	JACOBSON, EVAN	217 BLESSED ISLES LANE	
		JUPITER, FL 33478	□Remove
			■Change
		.	⊒ Remove
			□Change
			□Add
			□Remove
			□Change
			Петюче
			□Change
			□Add
			□Remove
			☐ ☐ Change
			⊒Rепюче
			□Change

D. If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
	
_	
_	
_	
_	
_	
_	
(If an effe <u>Note:</u> I	the date, if other than the date of filing:
f the record ecord is file	specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of; (b) The 90th day after the d.
Dated _	December ZZ ZOZI
	Signature of a member or authorized representative of a member
	·
	JACOBSON, EVAN Typed or printed name of signee
	Typed of printed name of signee