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COVER LETTER

TO:	Registration Sec Division of Corp			, · · ·
SUBJE	ст: <u>АМСП</u>		INCO FYTICICS OF U	rganization
The end	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspon	dence concerning this matter	to the following:	
		DeiBs	Name of Person	
			ont of care L.L.	<u>C</u> .
		4301 28th S	TN PIDT 325	
		Saint Palais	DUIG FOLIO, 33	714
		E-mail address: (t	O be used for future annual report notif	ication)
For furt	her information cor	ncerning this matter, please ca	all:	
	X 17 SIQ 1-		at (216) Daytime	6670 Telephone Number
Enclose	d 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: Registration Sc Division of Co		<u>Street Address:</u> Registration Sec Division of Corp	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Statement 13,2021 and assigned Florida document number 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 Ljability Company," the designation "LLC" or the abbreviation "L.L.C." 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:

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 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
<u>Mañ</u>	Trucy Pierce	4301 28th ST N APT 329	<u>Ži</u> □Add
		Suncectalizing; Florida.	⊠Remove
		33714	□Change
			□Add
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			□Change

D. If amendir	ng any other	·information,	enter change(s)	here: (Attach ad	lditional she	ets, if necessary.)	
1	Mould	like to	CONCINC "	apt 325"	From	the	
CX	resses	dir ro	privacu	i reasons.			
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(If an effective <u>Note:</u> If the	edate is listed, t e date inserted	l in this block do	ecific and cannot be	pplicable statutory			rrsuant to 605.0207 (3)(I not be listed as the
f the record spe ecord is filed.	cifies a delaye	ed effective date,	but not an effect	ive time, at 12:01 a	.m. on the ea	rlier of: (b) The 9	0th day after the
Dated	Ctober	3	201 www.mo.lul	<u> 21</u> .			
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_		<u>1</u>	CASIU HII	printed name of sign	ee		

Filing Fee: \$25.00