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(Re	equestor's Name)	
(Ad	dress)	
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(Do	ocument Number)	
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T. MATTHEWS MAY 1 9 2022

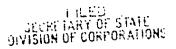
COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	HURRI CANG	E RITA itted Liability Company	<u> </u>
	Amendment and fee(s) are sub	·	
Please return all correspo	ondence concerning this matter	to the following:	
	DAVI	MALL 2 Name of Person	2-(A
	T.I. DE	SIGN Firm/Company	
	937 Edu	sards Roa	<u>d</u>
	FT. Pier	City/State and Zip Code Cal Wallar+1 to be used for future annual report notif	Comail. wa
For further information of	concerning this matter, please c	all:	
Donna N Name o	MUZIA of Person	at (772) 63/ Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address	

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



	CANE	RITA	22 APR 15	AM 9: 42
(Name of the Limi	ted Liability Company (A Florida Limited Lia	as it now appears on our i bility Company)	records.)	
The Articles of Organization for this Limited L Florida document number <u>L 22 0</u> 6			6/2022 a	nd assigned
This amendment is submitted to amend the foll	lowing:			
A. If amending name, enter the new name of	f the limited liabili	ty company here:		
The new name must be distinguishable and contain the v	words "Limited Liability	Company," the designation	"LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applic		1200 N	MALI	ZIA BAYB
	-	FT. Pi	ere F	-L. 3490
Enter new mailing address, if applicable:			SAME	
(Mailing address MAY BE A POST OFFICE	BOX)		·	
B. If amending the registered agent and/or agent and/or the new registered office addre		dress on our records, <u>e</u>	enter the name of th	ne new registered
Name of New Registered Agent:	\bigcirc a	nd m	AL121	<u>A</u>
New Registered Office Address:	1200	Makwas Enter Florida street d	BAY BIV	d
	F. Pica	City	. Florida <u>34</u>	949 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.

11 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
Prexi	DAND MALL	ZIA 1200 MARINE	R BAYAN BIVA
		ZIA 1200 MARINE FT. Pierce FL	. 34049 1 Remove
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. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effo <u>Note:</u>	ve date, if other than the date of filing: V 2 2 2 (optional)
the record	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	·
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00