

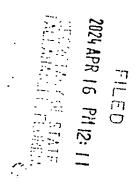
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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: (HAR CIWE VANSER RRU 66 HEN LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
CHARLIWE KAWDERBRUGGHEW Name of Person
Charlies Candekhingglen 11C FirtigCompany
4109 SW 40 PL Address
Cope Convol FL 33914 City/State and Zip Code
Charline OFL DREAM HOMES 40. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chanlin. Tandulikunghin at (539) 666 5839 Name of Person (Y) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CNARLINE VANDER BRUG (Name of the Limited Liability Compan (A Florida Limited Lia	6 HEN	LLC
(Name of the Limited Liability Compan) (A Florida Limited Lia	y <u>as it now appears (</u> ability Company)	on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L22 000105541</u> .	vere filed on <u>Ane</u>	anch 1 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company hero	ÿ.
The new name must be distinguishable and contain the words "Limited Liability"	ARLINE y Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2021
(Principal office address MUST BE A STREET ADDRESS)		A
	<i>NA</i>	FILED PH
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	NA	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our rec	ords, <u>enter the name of the new registerec</u>
Name of New Registered Agent: VA		
New Registered Office Address:	Enter Florida	a street address
	Cirv	Florida
New Registered Agent's Signature, if changing Registered Agent:	Cuy	zą Couc
I hereby accept the appointment as registered agent and agree	to act in this ca	pacity. 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
			□Add
	NA		□Remove
[\(\frac{1}{2}\)	[0!]		☐Change
			□Add
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_	NA
If an effe Note:	ce date, if other than the date of filing:
e record rd is file	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 d.
Dated _	April 10 . 2024.

Filing Fee: \$25.00