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857 0 6 2012 R. HUNT SECRITARE OF STATE
DIVISION OF CORPORATION

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COVER LETTER

CO: Registration So Division of Cor				
бивјест: Тр	Name of Lim	CCHUS CCC		
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'he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Caittin	ECISH Name of Person		
	The punch	T COCHUS Firm Company		2022
	5650 ne	50th Phu	1	2022 SEP -6 PH 12:
	Oheechdo	PL PL BUTTE City/State and Zip Code	<u> </u>	PH 12: 07
	Cuttin Edst	to be used for future annual report not	lication)	7
For further information of	oncerning this matter, please co	all:		
Cathy	-GSI of Person	at (<u>&U3</u>) <u>&U</u> Area Code Daytin	e Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	CES 20.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &
Mailing Addres Registration		Street Address: Registration Se	ction	
Division of C	lorporations	Division of Cor	porations	
P.O. Box 6327		The Centre of T	arranassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>(Name of the Limited Liability C</u> (A Florida Li	Company as if now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number 2200\22(65)	opany were filed on 3000 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name most be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20 C
Principal office address MUST BE A STREET ADDRES	<u>SS</u>
Enter new mailing address, if applicable:	6 PH
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. 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

f 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> Fitle</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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cord specifies a de s filed.	layed effective date, bu	it not an effective	time, at 12:01 a.n	ı, on the earlier of: (b) The 90th day afte	r the
ed Augus	+ 25th	202	3 .			
(Signature	of a member or au	thorized representati	ive of a member		
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