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COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT:	Vi Ctoy !	O Billic D. O nited Liability Company	Puc.
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	L	Name of Person The Medi Jaw F Firm/Company 1929 Sw 74th Address Address The Medi Jaw F FIRM/Company 1929 Sw 74th Address The Medi Jaw F When the Medi Jaw F The Me	irm CT
Lion fourth and in Comments			fication)
	ncerning this matter, please c XAdamy Person	at (305) 44	43454 e Telephone Number
Finclosed is a check for the	following amount: S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[I] \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

FILED

(Name of the Limited Limited Comp. (A Florida Limited	Hig D.O. Puc.	2022 SEP -7 AM 11: 34
(Name of the Limited Linbility Comp. (A Florida Limited	any ay it now appears on our record Liability Company)	MEGRETARY TALLAHASSEE EI
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22 006/45 386</u> .	were filed on $\frac{3/24/22}{2}$	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	220 S€ 2n	d St
(Principal office address MUST BE A STREET ADDRESS)	APT# 2116	
	220 SE 2n APT# 2110 Fort-Lauderdale	FL 33301
Enter new mailing address, if applicable:	_220 SE 2nd :	S <i>t</i>
(Mailing address MAY BE A POST OFFICE BOX)	APT # ZIJO	11 FC 33301
	Fort Landerda	14 FC 33301
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida Zip Code
Name Bankara 1 A . (b. O)	City	Zip 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.

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

Title	Name	Address	Type of Action
MAR	Victoria Billig	220 SE 2 ^M St	□Add
		APT # 2110	□Remove
		Apr # 2110 Fort Lauderoble, FL, 33	301 Hichange
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