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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT: <u>B</u> ea	uty & HOC A	CCS Sones LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Munica	Serrano	
	<u></u>	Name of Person	
		Firm/Company	
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	11562 Plam	ather Preserve Cir	- SELIN
	For myers	F1 33966	
	Dealle	City/State and Zip Code	<i>(</i> 2)
	E-mail address: (1	City/State and Zip Code On the Cyclic Sobre used for future arrhual report notifications.	fication) (Cha). Com
For further information co	oncerning this matter, please ca		
Manicul Sewano		$at\left(\frac{201}{2000000000000000000000000000000000$	6181
Name o	Person	Area Code Daytimo	e Telephone Number
	C.11		
Enclosed is a check for th	_		-
W\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	etion
Division of C		Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dearry & Her	Accessiones ii	L -
(Name of the Limited Liah (A Flor	P((es) whes it now appears on o orda Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number <u>レ 22 つい 18</u> 7		20 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or register agent and/or the new registered office address here		s, enter the name of the new registered
Name of New Registered Agent:		<u></u>
New Registered Office Address:	rrl	
	Enter Florida str	
	City	, Florida 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 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
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Tective date, if other than an effective date is listed, the da	his block does not m	eet the applicable:	e of filing or more the statutory filing requ	in 90 days after filing. irrements, this date) Pursuant to 605 will not be list	5,020 ed as
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