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## **COVER LETTER**

Division of Corporations
SUBJECT: OOV BOOK LOOK LUC  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:
Angela Henglein Formally Peluse Name of Person
Firm/Company
801 SOUM Rd Address
BOYNON BEALN PL 33435 City/State and Zip Code
E-mail address: (to be used for future annual deport notification)
For further information concerning this matter, please call:
Name of Person at (718) (087 957)  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

TO:

**Registration Section** 

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

(Name of the Limited Liability Compar	ayas it now appears on our records)
(A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on 15/2022 and assigned
Florida document number <u>L2200C300160</u>	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
NE 26 ILC	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	403 NE 20 (+
(Principal office address MUST BE A STREET ADDRESS)	Ocaia FL 34470
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	801 South Pa Boupton Beach FL 33435
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida 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 Changing Registered Agent, Signature of New Registered Agent

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	ive date, if other than the date of filing:
the reco ord is f	rd 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 led.
Dated	April 15 , 2025.
	Signature of a member or authorized representative of a member
	Malla Hangur Formaly Peluso Typed or printed name of signee

Filing Fee: \$25.00