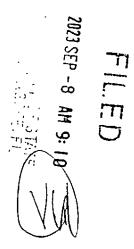
L23000346854

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
, , , , ,	
PICK-UP WAIT MAIL	-
(Business Entity Name)	
(Dusiness Entity Name)	
(Document Number)	
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COVER LETTER

TO:

Registration Section

Division of Cor	porations .	~	•
	R CONDITION SERVICES, I	LLC	
SUBJECT:	Name of Lim	ited Liability Company	····
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	ALBERT L. COOPER		
		Name of Person	
	ALEECO TAX AND ACC	COUNTING SERVICES, LLC	
		Firm/Company	
	3390 KORI ROAD, STE I	14	
		Address	
	JACKSONVILLE, FL 322	257	
	COOPER310138@AOL.C	City/State and Zip Code	
	~	to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	all:	
ALBERT L COOPER	•	612 578-1115	
Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration S	Section
Division of C	-	Division of C The Centre of	•
P.O. Box 632			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000346854</u> .	were filed on <u>07/24/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDRESS)		23 5 SE T
		<u> </u>
Enter new mailing address, if applicable:		enc A
Mailing address MAY BE A POST OFFICE BOX)		و جات
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	ne name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

MUCHI AIR CONDITION SERVICES, LLC

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GENTIAN MUCI	7801 POINT MEADOWS DR , APT 6305, JACKS	ON ■Add
			□Remove
			□ Change
AMBR	MUCHI MUCI	7801 POINT MEADOWS DR APT. 6305, JACKSO	
			= Remove
			Change
	·		□Add
			□Remove
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			□Add
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an effi iote:	ve date, if other than the date of filing:
record Lis file	I 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 ed.
ated ₋	8/22/2023
	Signature of a member or authorized representative of a member