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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone

: (323)962-8600

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SUBJECT:		Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·		
PM I	4 4 2 1 1 2 2 2 6	A d d &/	and the City			
		Amendment and fee(s) are sub	<u>-</u>			
Please return	all correspo	ondence concerning this matter	to the following:			
		Cheyenne Moseley				
			Name of Person	· · · · · · · · · · · · · · · · · · ·	24	2023
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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number L19000128987	ompany were filed on 05/13/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
		JUN 30
		[1] c
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		25 55 C
		9,1 6
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		ter the name of the new
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

To: Page: 5 of 6

2023-06-30 08:31:01 PDT

LegalZoom.com, Inc.

From: Sarah Acevedo

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
AMBR	R.A.J. Muriel Investments LLC	505 Corvina Dr., Davenport, FL 33897	B Add
			☐ Remove
			□ Change
			D Add
			☐ Remove
			☐ Change
			DiAdd 28
			Remove 30 PH 12: 59
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, Page: 6 of 6	2023-06-30 08:31:01 PDT	LegalZoom.com, Inc.	From: Sarah Aceved
D. If amending any other informa	tion, enter change(s) here: (Attach ad	lditional sheets, if necessary.)	
	 		
			
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E. Effective date, if other than the	date of filing:	(optional)	
(If an effective date is listed, the date must Note: If the date inserted in this blo	be specific and cannot be prior to date of filing ock does not meet the applicable statutory	or more than 90 days after filing.) Pursuant to	o 605.0207 (3)(b) e fisted as the
document's effective date on the De	partment of State's records.		
If the record specifies a delayed (b) The 90th day after the reco	effective date, but not an effective ord is filed.	ve time, at 12:01 a.m. on the e	arlier of:
Dated	2023	1	
Dated			
	Signature of a member or authorized representa	uive of a member	_
ALIN VIERU			
	Typed or printed name of signe	**	_

To:

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