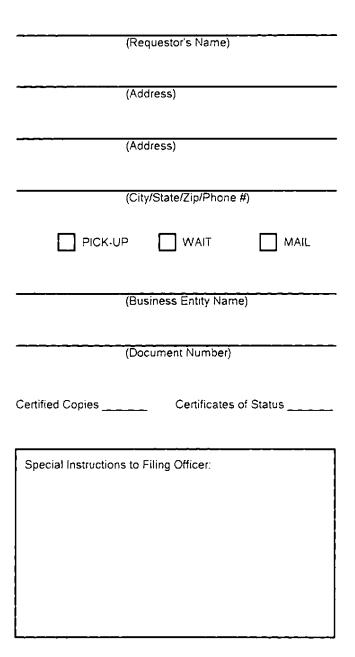
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COVER LETTER

TO:

	egistration So ivision of Cor		;			
		trazzulla, L.E.C	ř			
SUBJECT	:	Name of Lim	ited Liability Company			
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	rn all correspo	ondence concerning this matter	to the following:			
		Bruce R. Abernethy, Jr.				
			Name of Person			
		Abernethy Law Group				
Firm/Company						
130 S. Indian River Drive, Suite 201						
Address						
Fort Pierce, FL 34950						
		-	City/State and Zip Code			
		babernethy@abernethylawr				
		E-mail address: (to be used for future annual report no	otification)		
For further	information c	oncerning this matter, please c	all:			
Bruce R. Abernethy, Jr.		772 489-4901				
	Name o	f Person	at () Area Code Dayti	me Telephone Number		
Enclosed is	s a check for th	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)		
	ailing Addres		Street Address: Registration S	ection		
Registration Section Division of Corporations			Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Philip P. Strazzulla, LLC		
(Name of the Limit	ed Liability Company as it now appears on o (A Florida Limited Liability Company)	ur_records.)
The Articles of Organization for this Limited L		and assigned
Florida document number 1.03000051669	·	
This amendment is submitted to amend the foll-	owing:	
A. If amending name, <u>enter the new name o</u>	f the limited liability company here:	
The new name must be distinguishable and contain the v	ords "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	<u> </u>
Principal office address MUST BE A STREE	T ADDRESS)	
		7021 FEB
Enter new mailing address, if applicable:		N
Mailing address MAY BE A POST OFFICE	BOX)	φ
		- Β΄ ω
B. If amending the registered agent and/or r agent and/or the new registered office addre	registered office address on our record ss here:	
Name of New Registered Agent:	Therese M. Strazzulla	
New Registered Office Address:	5860 39t Lane Enter Florida stre Vero Beach City	eet address
	Vero Beach	Florida <u></u>
	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

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	Philip P. Strazzulla	5860 39th Lane, Vero Beach, FL 32966	□Add
			■Remove
			□Change
MGR	Therese M. Strazzulla	5860 39th Lane, Vero Beach, FL 32966	■Add
			□Remove
			🗆 Change
	 	<u> </u>	□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
		14.6	□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
·	
,	
E. Effective date, if other than the date of filing:	
If the record 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 record is filed.	
Dated February 21 2024.	
Signature of a member or authorized representative of a member	
Therese Terri M. Strazzulla	
Typed or printed name of signee	

Filing Fee: \$25.00