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COVER LETTER

Division of Corporations			
SUBJECT: 5	Holdings, LL	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Jennefer	Name of Person	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	5400 proven	Sand BlVd Address	NW #505
	- Moca Rai	City/State and Zip Code CLUL AS 36 6 To be used for future annual repo	comacl. cm
For further information cond	·	,	rt nothication)
Name of Pe	udo erson	w \ <u></u>	a 6 - 1233 aytime Telephone Number
Enclosed is a check for the t	following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Addre	<u>ss:</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

16 L Holdings. LLC

(Name of the Lim	nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Florida document number <u>しり</u> 400080	Liability Company were filed on	and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	EET ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
· · · · · · · · · · · · · · · · · · ·	registered office address on our records, enter the name of	the new register
agent and/or the new registered office addr	ress here:	· .
Name of New Registered Agent:	Jennifer Leeds	·
New Registered Office Address:	5400 Broken Smad Blvd NW #	505
	Boca Rathe Florida 33	5487
	Vii,	M. Olak

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.

10Changing 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>	<u>Address</u>	Type of Action
MGR	Junify Leeds	5400 molen Sound Blyd NW Boca Raton, Fl 33487	J#505 BAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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Transcrious any o	other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	<u> </u>	
		<u>:</u>
		-
(If an effective date is lis Note: If the date in:	other than the date of filing:	
he record specifies a cord is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day after the
Dated Oct 6	2023	
	Signature of a member or authorized representative of a member	
•	la a a le c la a a d C	

ED CAROL