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PICK-UP	☐ WAIT	MAIL
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2022 OCT 28 AHH: I

COVER LETTER

TO: Registration Section of Corp					
SUBJECT:	D&E_ZZ	ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub-	mated for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	D:	Vid DioN Name of Person 8 E, LLC Firmy Company NE 40 th Str Address NA Park, FL 3		2022 OF SECR TAL	مسردن او ا
	dne 11c	City State and Zip Code 2005 @ 9 Ma to be used for future annual report notif	il-com	2022 OCT 28 A SECRETANYSE TALLANYSE	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
For further information cor	neerning this matter, please co	ıll:			MEET:
Davi	-	at (<u>567)</u> 302 Area Code Dayting	- 384/ : Telephone Number	第二三二 第二三二	
Enclosed is a check for the	following amount:				
₹\$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	L2 \$55,00 Filling Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filin Certificate of Certified Co (additional cop	of Status &	
<u>Mailing Address:</u> Registration Se		<u>Street Address:</u> Registration Sec	tion		

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

The Articles of Organization for this Limited Liability Company were filed on _O4/21/2005 and assigned Florida document number _L_O500039_234

This amendment is submitted to amend the following:

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 abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

[Add Not Description of the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

| Name of New Registered Agent: | Principal office Address | Principal office Addre

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. Thereby 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 Type of Action <u>Title</u> Name Park, Eunice 7707 N. University 2 #104 =Add

Tamarac, FL 33321 Exemove _____ DRemove ____ 🗆 🗀 Change .___ □Remove

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