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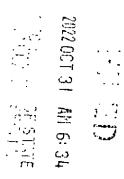
(Req	uestor's Name)	
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A. BUTLER
JAN 2 0 2023

. COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	may No	rth America,	LLC
30bJEC1.	Name of Lin	nited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub	bmitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Cari	sten Decle	
•		Name of Person	
	Omo	av North Am	enica
	•	Firm/Company	
	16541	W. 48th Lanc	
		Address	
	Gola	den, (0 8040	S
,		City/State and Zip Code	
_		de @ Omevine	
For further information conce		·	•••
_	•		- ~
Carden		at (, ,)	<u> </u>
Name of Per	rson	Area Code Daytime Tele	phone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
, -	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Section of Corn		Registration Section Division of Corpora	
Division of Corp	MIGHORS	Division of Corbora	HOHA

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

(Name of the Limited Lia	orth	s it now appears on o	ur records.)	6: 34
The Articles of Organization for this Limited Liabilit Florida document number \ \ \ \ \ \ \ \ \ This amendment is submitted to amend the following	ty Company we		14 12010	STATE and assigned
A. If amending name, enter the new name of the	limited liability	y company here:		
The new name must be distinguishable and contain the words " Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD		Company," the designal SSI7 EIN401	Perry The second secon	abbreviation "L.L.C." ROSCI 2033
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- 2 -	16541 h Golden	169 8	Lh 30403
B. If amending the registered agent and/or registered agent and/or the new registered office address her		lress on our record	s, <u>enter the na</u>	me of the new registered
Name of New Registered Agent: New Registered Office Address:	Chri S817 Elkto	Derry Ro Enter Florida str	eet address, Florida	32033 Zin Cade

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>	<u>Address</u>	Type of Action
<u>M6</u> 2	Carsden Dede	27115 Harbour Viste (St. Ausushine, Fr. Izab	
		Sd. Ausushine, te 1200	ÆRemove
			□Change
<u> </u>	Consten Dede	6541 W. 484 Low Golden, Co 80403	Add
		Golden, Co 80403	□Remove
			□Change
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			□Change
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			Remove
			Change

	
	
	
Effective (date, if other than the date of filing: (optional)
Note: If the	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a seffective date on the Department of State's records.
he record sp ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	10120122
	Signature of a member or authorized representative of a member

Typed or printed name of signee