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## **COVER LETTER**

TO: Registration S Division of Co			, ,
SUBJECT:	SOME A	ited Liability Company	re Alew LL
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing,	
Please return all corresp	ondence concerning this matter	to the following:	
· .	- JAMA Al ja	Name of Person  RERVICE Firm/Company	Tric
	963 OK 1880 B Fama U	Address  SALH  City/State and Zip Code  (2) HAW 2 MA	4 5/E B19 32940 :1.000
Ce	E-mail address: (to	- at (17) 50	2/-442-8 e Telephone Number
Enclosed is a check for t	he 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)
Mailing Address Registration		Street Address: Registration Sec	rtion

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number <u>L/1/000/108444</u> 5	gned
The Articles of Organization for this Limited Liability Company were filed on 9-22-1/ and assignated document number \(\( \lefta \rightarrow \) 1000/084440  This amendment is submitted to amend the following:	gned
rns amendment is submitted to afficing 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. "L	<i>C</i> ."
## ## ## ## ## ## ## ## ## ## ## ## ##	<b>L</b> .
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	<u>.</u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	<del></del>
3. If amending the registered agent and/or registered office address on our records, enter the name of the new	registered
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	
City Zip Code	<u>-</u>
lew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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.	and nent is

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

Title	<u>Name</u>	Address	Type of Action
MGR	MARK GUNTER	1058 21st Street Vero Beach, FL 3940	
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'an effective date is listed, lote: If the date inserte	the date must be specified in this block does	ic and cannot be prior not meet the applic	to date of filing or me able statutory filing	re than 90 days after requirements, this	filing.) Pursuar date will not	น to 605,0207 : be listed as
ocument's effective da	te on the Department	t of State's records.		•		
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record specifies a delay d is filed.	yed effective date, bu	it not an effective ti	ime, at 12:01 a.m. o	n the earlier of: (b)	The 90th c	lay after the
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Dated 10-1	- 2026	<u> </u>	<u> </u>		·	
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	Signature	of a member or auth	orized representative	of a member		

Filing Fee: \$25.00