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A BUTLER APR 15 2022

COVER LETTER

Division of Corpo	orations		
SUBJECT:	24 Florida	ted Liability Company	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	<u> Brigitte</u>	Katzat Name of Person	
		Korida LLC Firm/Company	
	-	Firm/Company	
	21711 Are	enga kn	
		Address	
	Estero	FC 33928	
	Florid	FL 33928 City/State and Zip Code O 24 Florida. C	\mathcal{M}
		o be used for future annual report notifica	
For further information cor	ocerning this matter, please ca	ıll:	
Brigitte K.	ratzat	$\frac{1}{\sqrt{239}}$ at $\frac{297}{\text{Area Code}}$ Daytime To	4523
V Name of I	Person	Area Code Daytime To	elephone Number
Enclosed is a check for the	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)

TO:

Registration Section

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION 31 AM 11: 23

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number # L 12 000 1164 04 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 "L.1.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending 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: Brigitte Kratzat

21711 Arenga Ln

Enter Florida street address

Estero Florida 33928

City Zip Code Name of New Registered Agent: New Registered Office Address:

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 = Ai	ithorized Member		
Title	Name	Address	Type of Action
MGRM	Juergen Kratzat	21711 Arenga Ln	□Add
	v	Estero, FC 33928	Remove
			Change
Hember	Juergen Kratzat	21711 Arenga Ln	XAdd
		Estero, FC 33928	□Remove
			□Change
			🗀 Add
			□Remove
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			🗆 Add
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	ve date, if other than the da ective date is listed, the date must be				ional) er tiling VPursuant to 605 0207
Note: 1	If the date inserted in this block ent's effective date on the Depa	does not meet the a	pplicable statutory f		
e record rd is file	d specifies a delayed effective d	ate, but not an effect	ive time, at 12:01 a.	m. on the earlier of: (b) The 90th day after the
	m2 /24 / 2022	1	2.4.3		
Dated_	03/24/2022	CSTE	<u>?</u> ~		
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	<i>?</i> · · ·	te Kra		٠	