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## COVER LETTER

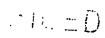
TO:

Registration Section

Div	ision of Cor	porations					
CUDIFOT.							
SUBJECT:		Name of Lim	ited Liability Company	<del></del>			
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Shaun Carpentier					
			Name of Person	<del></del>			
	enclosed Articles of Amendment and fee(s) are submitted for filing.  see return all correspondence concerning this matter to the following:    Shaun Carpentier						
		511 WYNNEHURST ST					
			Address				
		PENSACOLA					
	Shaun Carpentier  Name of Person  First Onsite  First Onsite  Firm/Company  511 WYNNEHURST ST  Address  PENSACOLA  City/State and Zip Code amhofberger@gmail.com  E-mail address: (to be used for future annual report notification)  are information concerning this matter, please call:  Carpentier  Name of Person  Area Code  Daytime Telephone Number  It is a check for the following amount:  Of Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)						
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Shaun Carpo	entier		850 850-346-03	20			
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	llahassee, I			pe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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2022 JUN 30 AM 8: 10

(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  $\frac{1/25/13}{1}$ and assigned Florida document number \_L13000013352 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.L.C." Ashlee Hofberger Enter new principal offices address, if applicable: 3640 Menendez Dr. (Principal office address MUST BE A STREET ADDRESS) Pensacola, FL 32503 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address pensacola 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>	Name	Address	Type of Action
AMBR	Ashlee Hofberger	3640 Menendez Dr	■Add
		Pensacota, FL 32503	□Remove
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			□Change
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