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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:			
The enclosed Articles of	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: TESSICA TENAGUA Name of Ferson		
Please return all correspo	ondence concerning this matter	to the following:	
	JESSic	CA TOYAGUIS	
		Name of Limited Liability Company In and fee(s) are submitted for filing. Incerning this matter to the following: IESSICA TEHAGU'S Name of Person Firm/Company Of Fesleran Any #1025 Address Toer Lavserser City/State and Zip Code Litenagical/Dobusoil Code E-mail address: (to be used for future annual report notification) this matter, please call: Area Code Daytime Telephone Number	
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For further information of			ication)
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Name o	f Person	Area Code Daytime	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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION .

	OI.
<u> </u>	Yvestments W. FILED
(<u>Name of the Limited Liat</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 4/400/22	Company were filed on 08/05/3011 July 15 P 17.16
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:
The new name must be distinguishable and contain the words "I.	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET AD	DRESS)
	·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or represented agent and/or the new registered office ac	gistered office address on our records, <u>enter the name of the new</u> <u>ddress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zin Code

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ote: If the date in	serted in this block does	not meet the applical	ble statutory filing rec	quirements, this date will no	ot be listed as
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00