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(Ad	dress)			
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(Cit	ty/State/Zip/Phon	ne #)		
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(Document Number)				
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2022 SEP -6 PH 3: 4:3

A. BUTLER
DEC - 6 2022

COVER LETTER

TO: Registration Section Division of Corporations	, o • • •
SUBJECT: Sacred Pl	Octs J Gens Lic
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
	Ared Roa Name of Person
Roa	Mineral Works Firm/Company
	W Nebraska de sinte C Address
	City/State and Zip Code WINEKALWUS P. GMATL. COM ess: (to be used for future annual report notification)
For further information concerning this matter, plea	·
Name of Person	at (<u>\$13</u>) <u>767 – 6t 36</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S Saturday S25.00 Filing Fee & Certificate of Statu	-
Mailing Address: Registration Section	Street Address:

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

Registration Section
Division of Corporations
The Centre of Tallahassee
24.15 N. Monroe Street, Suite 81.0
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	DELOATS & GEMS LLC 2022 SEP -6 PM 3: 44
(A)	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	offity Company were filed on Sopt 2, 2014 and assigned
Florida document number <u>L1400013</u>	•
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	ne limited liability company here:
	DOA MINERAL WORKS IIC
The new name must be distinguishable and contain the word	ROA MINERAL WORKS LLC ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le: same as before / N/A
(Principal office address MUST BE A STREET	
B. If amending the registered agent and/or registered and/or the new registered office address have of New Registered Agent:	istered office address on our records, enter the name of the new registered
New Registered Office Address:	
-	Enter Florida street address
	, Florida
	City Zip Code
iew Registered Agent's Signature, if changing Reg	istered Agent:
rovisions of all statutes relative to the proper of ccept the obligations of my position as register	agent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605, F.S. Or, if this document is gistered office address, I hereby confirm that the limited liability ange.
	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>	Address	Type of Action
	NA		□ Add
	Į		□Remove
			☐ Change
			□Add
			□Remove
		 	Change
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			□Remove
		 	Change
			□ Add
			□Remove
			Change
			□Add
		□Remove	
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (If an effective 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 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ecord is filed.
Dated August 31 2022.
Signature of almember or authorized representative of a member
Typed or printed name of signee

Filing Fee: \$25.00