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□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Section
orporations Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Compar (A Florida Limited D	ny as it now appears on ou Stability Company)	er records.)			
The Articles of Organization for this Limited Li	ability Company	were filed on $2 \cdot 1$	-2015	an	d assign	ned
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	the limited liabi	ility company here:				
The new name must be distinguishable and contain the w	ords "Limited Liabili	ity Company," the designati	on "LLC" or the	abbreviatio	on "L.L.C	J.**
Enter new principal offices address, if applic	able:	5420 FA	KIENDL.)	15t_		
(Principal office address MUST BE A STREE	T ADDRESS)	Cocoa, Fl	- 329	27		
Enter new mailing address, if applicable:			··· ·· ··	SECRET.	2023 OCT	6 PR 10 K
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			芸芸	8	\(\frac{1}{2}\)
B. If amending the registered agent and/or r agent and/or the new registered office addres		ddress on our records	s, enter the na	で で meofth	e new r	egistered
Name of New Registered Agent:  New Registered Office Address:	TAMMY 5420	K. GLEASON FRIENDLY Enter Florida stre	St_ et address			
	Cocos	City	, Florida _	32° Zip (	T)—	<u>7</u>

## 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 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
MISK.	CALLENA SPEARMAN.	5420 FRIENDLY ST	□Add
		5420 FRIENDIN ST COCCOA, FL 32927	Remove
			□Change
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Filing Fee: \$25.00