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COVER LETTER

TO: Registration So Division of Con				
SUBJECT:	ormen + Allohia Name of Lin	Yes LLC nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Howard	Name of Person		
		Firm/Company		ರ ್ ಕ
	1160 SW 19	Address		門町町
	Boca Ropa			FILED MY 24 PN 12: 07 CREPASSEE I LORIDA
	E-mail address:	City/State and Zip Code Howsjag@gmail. Co (to be used for fulure annual report notif	ication)	IZ: 07
For further information of	concerning this matter, please c			
Hward Name o	Carwes of Person	at (<u>J61</u>) <u>869-7</u> Area Code Daytime	Tolephone 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)	Certified	te of Status &

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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Singerman + Assoc	inter LLC	
Name of the Limited Liability Co	ompany as it now appears on our reco ited Liability Company)	ords.
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 16000096757</u> .	oany were filed on \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Singerman Enterprises. The new name must be distinguishable and contain the words "Limited I	LLC Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Some	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same	FILED BENEFIXEDES STA
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		इस ६
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
		Florida
	City	Zip 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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