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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: PO	tive Coa	linas	
	Name of Limi	ted Liabilily Company	
The enclosed Articles of Ameno	lment and fee(s) are subt	nitted for filing.	
Please return all correspondence	concerning this matter t	to the following:	
	Devon f Jeolov	Name of Person Linancial Firm/Company	Drap Inc
	107 LO VOD POL IPO C O C E-mail address) (1	Address Address City/State and Zip Code Code	325 tication)
For further information concern	ing this matter, please ca	dl:	
Name of Person	naedsor	at Area Code Daytime	- 2335 e Telephone Number
Enclosed is a check for the follo	ying amount:		
□ \$25.00 Filing Fee	830.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	ations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ~

ARTICLES OF O	ROANIZATION
	F 2023 AUG -4 AM DOCATOR LI 6000 \ 71475
(Name of the Limited Liability Compa (A Florida Limited I	the as it now appears on our records. Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 4 1 2 2 1 7 141.	were filed on 1012118 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	fity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5430 Rakewood Road Sebara 41
	33873
Enter new mailing address, if applicable:	5430 Rakewood Load
(Mailing address MAY BE A POST OFFICE BOX)	33873
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>
N. SN. D. L. I.A	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	, 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			☐ Change
			□Remove
			□Change
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ffecti	e date, if other than the date of filing:	
f an eff	ive 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 605,020'	
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.	, th
recor	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	
d is fil		
Dated	3/2/23	

Filing Fee: \$25.00

Typed or printed name of signee