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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

. TO:

Registration Section

Division of Co	orporations				
	Y FINANCIAL. LLC				
SUBJECT:	Name of Lit	nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
	SHAWN MAUVAIS				
		Name of Person			
		Firm/Company			
	330 NW 20TH ST APT 10	08			
		Address			
	BOCA RATON, FL 3343	i			
		City/State and Zip Code	40.0		
	stricklyfinancialle@gmail.c				
For further information of	concerning this matter, please c	to be used for future annual report not call:	ilication)		
SHAWN MAUVAIS		305 384-8616 at ()			
Name o	of Person	Area Code Daytin	ne 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration	Section	<u>Street Address:</u> Registration Se	ection		
Division of Corporations		Division of Corporations			
P.O. Box 632 Tallahassee.		The Centre of T	Fallahassee Je Street Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000053898	y were filed on 03/08/2017	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Elab	ility Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· ·
(Principal office address MUST BE A STREET ADDRESS)		- N- D-
		2 J
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		19
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		36 10k
3. If amending the registered agent and/or registered office	address on our records, enter the r	name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
•	City -	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

STRICKLY FINANCIAL, LLC

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
MGR	SHAWN MAUVAIS	330 NW 20TH ST APT 108	□Add
		BOCA RATON, FL 33431	□Remove
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BOCA RATON, FL 33431							
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ective date, if other than the effective date is listed, the date in	a date of filing est be specific and	cannot be prior t	o date of filing or	more than 90 days	p tional) after filing.) Pu	irsuant to 60)5.02
te: If the date inserted in this brument's effective date on the I	lock does not m	ieet the applica	ble statutory fi	ling requirements.	this date wil	l not be lis	sted .
ecord specifies a delayed effecti	ve date, but not	an effective tin	ne, at 12:01 a.n	n on the earlier o	f: (b) The 90	0th day aft	er th
s filed.							
JUNE 26		2022					
lea	·	-	·				
. 4	7/2	2					
	Signature of a n	nember or author	ized representati	ve of a member			