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PICK-UP	☐ WAIT	MAIL
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R. HUNT 03/14/23

Kimerley Baptiste

Daytime cell: (954) 330-9827

Return Address: 11033 Glenwood Dr.

Coral Springs FL, 33065

2021.28 14 PH 1:25

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: IS	and Auto : T	_ ires	
SUBJECT: ,	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kimerley	Baptiste Name of Person	20/3 H
		Firm/Company	
	_		
	11033 (Fle	nwood De.	#
		Address	II: 25
	Coral Sp	City state and Zip Code	25 E
	Kelecia(E-mail address:	Weens all Ections to the used for future annual report notifications.	Cation Cam
For further information co	oncerning this matter, please c	all:	
Kimerley B	aptiste	at (954) 330 -	7054
Name of	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	e following amount:		
☐ \$25.00 Filing F cc	2 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	ction
Division of C		Division of Con	
P.O. Box 6327		The Centre of T	allahassee
Tallahassee, FL 32314		2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iability Company as it now appears on our records.)
lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number 17000 . YE This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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 **Address Title** Name Type of Action Kimerley Paptiste 11033 Glenward De Carl Squap BAGG ☐Remove □ Change Ameel AB Baptiste 11033Colenword De Card Spring FL 324 Texas □Remove □ Remove D □ Add i N □Remove □ Change □Add □Remove □ Change ☐Remove

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record specifies a di is filed.	elayed effective date	e, but not a	ın effective	time, at	2:01 a.m.	on the ea	rlier of:	(b) The 9	0th day	after the
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