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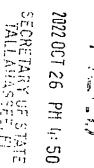
(Requestor's Name)
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## **COVER LETTER**

Division of Cor		•			
Fguyer LLC SUBJECT:	C ·		r .		
SUBJECT:	Name of Lim	Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Sleem Fguyer				
		Name of Person	<del></del>		
	Fguyer LLC				
		Firm/Company			
	8377 corkfield ave				
		Address			
	orlando, FL 32832				
	sfgaier@uwalumni.com	City/State and Zip Code		2022 OCT 26 SECRETARY	
	E-mail address: (	to be used for future annual report notifica	tion)		
For further information of	concerning this matter, please ca	all:			
Sleem Pguyer		608 217-7768 at ()		PH 4: 50	
Name o	of Person	Area Code Daytime To	elephone Number	100 SO	
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 Certificate o Certified Co (additional cop	f Status & py	
<u>Mailing Addres</u> Registration	Section	Street Address: Registration Section	on		
Division of C		District of Com-			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fguyer LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)
he Articles of Organization for this Limited Liability Company	were filed on 12/26/2017	and assigned
lorida document number 1.17000261245		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
/a		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	n/a	
		2002 SECI
		72 0C1 CRET
nter new mailing address, if applicable:	<del></del>	N 1201
Mailing address MAY BE A POST OFFICE BOX)	n/a	,)
		77 57
d. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>e</u>	nter the nanië of Re new regis
Name of New Registered Agent: n/a		
New Registered Office Address:		
	Enter Florida street a	ddress
		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
AMBR	Hedia Fgaier	9427 Launch Point Rd	□ Add
		Orlando, FL 32832	<b>■</b> Remove
			□ Change
			□ Add
			□ Rенюve
			□ Change
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			2022 OCT 26 PH SECRITARY OF TALLAHASSEE
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blidocument's effective date on the Defective date.	date of filing: t be specific and canno ock does not meet th	it be prior to da ie applicable	ite of filing or mo		er filing.) Pursu		
e record specifies a delayed effectived is filed.	date, but not an eff	fective time.	at 12:01 a.m. o	n the earlier of: (	(b) The 90th	day after	r the
October 17th	202	!2					
X	Signature of a member						