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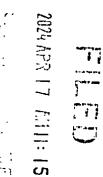
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COVER LETTER

TO:

	porations		
SUBJECT:	CELEDATED FOR	ICE CONSAND	hild
SUBJECT:/-	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
	ACCELERATE	- Louis	at like
	Address Jacktonusice F. 322 4/ City/State and Zip Code Grand address: E-mail address: Area Code Certificate of Status Certificate of Status Address: Street Address: Registration Section To John Scotion Division of Corporations Address: E-mail address: City/State and Zip Code Address: Combination Code Address: Street Address: Registration Section Division of Corporations		
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	P.O. 136	•	
		Address	
	JACKTONVICE	E. F. 32241	/
	awood dace	elerated fen	ce.com
	E-mail address: (to be used for future annual repor	t notification)
For further information c	oncerning this matter, please c	all:	
	14/4.		
	· · · · · · · · · · · · · · · · · · ·	at (<u>904</u>) 75	7418
Name o	1 Person	Area Code Da	lytime Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	-	-	-
	Certificate of Status	- ·	
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P.O. Box 632		The Centre	of Tallahassee
Tallahassee, I	FL 32314		onroe Street, Suite 810
		Tallahassee	, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	Francisco Company
	,	large 12 the
(Name of the Limited Liability Co	mpany as it now appears on our reconted Liability Company)	rds.) 2021 522 17 Mill: 15
The Articles of Organization for this Limited Liability Comp	any were filed on $1/31/201$	and assigned.
Florida document number 418000 029151.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liabil <u>ity company here</u> :	
The new name must be distinguishable and contain the words "Limited L		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u>
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 56.	B 5 6 2. 3224/
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>ente</u>	r the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	r.	Torida -
***************************************	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
VP	ENYJAH P. ZUFALL	164 ODELL ST. JAUKEANI A. 32211	W i Add
		H• 322(1	
			□Change
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record specif	es a delayed effective date	, but not an effective	ve time, at 12:01 a.r.	n, on the earlier of: (b)	The 90th day after the
ated	4/4/2024 Cyn Signa		·		
	A	d. I. had	v		
	The state of the s	In June			
	KUKENO A.	ture of a member or a	uthorized representat	ive of a member	-

Filing Fee: \$25.00