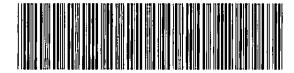
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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: CHRISTOP	HER ANUSZEWSKI LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	CHRISTOPHER ANUSZ	EWSKI		
		Name of Person		
	CHRISTOPHER ANUSZ	EWSKILLC		
		Firm/Company		
	4760 Atwood Dr			
	<u> </u>	Address		
	Orlando, FL 32828			
		City/State and Zip Code		
	canuszewski@gmail.com			
	E-mail address; (to be used for future annual	report notification)	
For further information co	ncerning this matter, please ca	all:		
Christopher Anuszewski		407 23	0-7921	
Name of	Person	at () Area Code	Daytime Telephone Number	
Enclosed is a check for the	e following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enc	Certificate losed) Certified C	of Status &
Mailing Address Registration Se	ection	_	ation Section	
Division of Co	orporations	Division	n of Corporations	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHRISTOPHER ANUSZEWSKI LLC

2024 (11. 15 17. 5: 25

(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company)

(A) Fronda Dillino	d maonity Company)		
The Articles of Organization for this Limited Liability Companion Florida document number $\frac{1.18000048936}{1.18000048936}$.	ny were filed on Feb. 23, 2018 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited lia</u>	ability company here:		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "LLC."		
Enter new principal offices address, if applicable:	4760 Atwood Dr		
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32828		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	4760 Atwood Dr Orlando, FL 32828 address on our records, enter the name of the new register.		
Name of New Registered Agent:			
New Registered Office Address: 4760 Atwood	I Dr		
-	Enter Florida street address		
Orlando	, Florida 32828		
	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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
		 	□ Add
			□Remove
			□Change
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Tective date, if other than the can effective date is fisted, the date must ote: If the date inserted in this blocument's effective date on the Department.	be specific and cannot be p ck does not meet the app	plicable statutory filing	(optional) ore than 90 days after filing g requirements, this date	.) Pursuant to 605.0207
ecord specifies a delayed effective	date, but not an effectiv	e time, at 12:01 a.m. c	on the earlier of: (b) T	ne 90th day after the
is filed.				
July 8	2024			
July 8	2024	<u></u> .		
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