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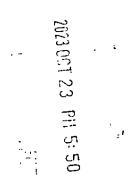
(Requestor's Name)
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Se Division of Cor		
. (Chelsea Be	
SUBJECT:	O 1 O 1 O 2 - 1 O 1 O	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return all correspo	ndence concerning this matter	to the following:
	Prian P	DEVINGHEIM Name of Person
	Chelsea	
		• •
	9156 Sow	th Dadeland Blvd, Stitl 1812
	Miami	FL 33156 City/State and Zip Code
	Yeenco 1 E-mail address:	to be used for future immual report notification)
For further information c	oncerning this matter, please c	
		at (305) 670-1000
Name o	f Person	Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:	
\$\frac{1}{2}\$\$ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration Section
Division of C		Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 (ICT 23 PH 5: 50 Liability Company as it now appears on our records.) Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on <u>D5</u>114 2018 and assigned Florida document number LT8000120769 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 "L.L.C." 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: 155 South Dadeland Blvd

Filer Florida street address 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.

f Changing Registered Agent, Signature of New Registered Agent

Icami, Florida

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>	Name	Address	Type of Action
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fan effect <u>Vote:</u> If	e date, if other tha live date is listed, the da the date inserted in the it's effective date on	ate must be spec this block doe:	ific and canno s not meet th	ie applicable s	e of filing or mor statutory filing	e than 90 days a	ptional) fter filing.) Pursi this date will r	uant to 605.0207 (not be listed as a
record s i is filed	specifies a delayed ef l.	ffective date, b	out not an eff	fective time, a	t 12:01 a.m. or	the earlier of	(b) The 90th	ı day after the
ated _	October		12	023/	1			
			m.	1//	100			
		signalur Devi	e of a member	r of authorized	representative o	f a member		

Filing Fee: \$25.00