## L18000186638

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Dr. Mek	1S R. Byou	<u> </u>	
		Firm/Company	and a second at the second at	<u></u>
	4747 Collin	15 AVR. Apt	.710	_
	Miami Bear	City/State and Zip Code	10	dd Aryth an
	SJOO OV OV E-mail address: (	to be used for future annual rep	ort nonfication)	_
For further information con-	cerning this matter, please ca	all:		
Caitlin	Hall	ar 954, 40	05-60374	
Name of Po	trson	Area Code	Daytime Telephone Num	ber
Enclosed is a check for the (	allowing amount:			
\$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certifi d) Certifi	Filing Fee, icate of Status & ied Copy mat copy is enclosed)

Mailing Address:

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

Street Address:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 1800018101038 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 worlds "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: SIME (Malling 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: Enter Florida street 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 Changing Registered Agent. Signature of New Registered Agent

To: +13056728090 Page: 5 of 6 2022-01-26 20:11:55 GMT 19546229182 From: Organize My Life

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
			□Add
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Page/6 of 6, .

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records:  e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed.  Dated  Dated  Dr. Alek, R. Brand  Signature of a member or authorized representative of a member	lf amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:  (optional)  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more dan 90 days after filing) Pursuant to 605.0307.  Note: If the date inserted in this block does not meet the applicable statutory, filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The every specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed.  Dated  The Alak R. Brank  Signature of a member or authorized representative of a member		
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Signature of a member of authorized representative of a member  DY: Alexis R. Biroun	Dated	1/27 . 2022
Dr. Alexis R Brown		Dr. Alek R. Brum  Signature of a member or authorized representative of a member
		Dr. Alexis R. Brown