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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u>.</u>
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MAY 15 223 T. LENGEUX

COVER LETTER

Division of Corp			
SUBJECT:	Sheistoy(Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon-	dence concerning this matter	to the following:	
	_Adossak	Picifclocui Name of Person	.5
		Firm/Company	
	520 Lee	K Road #48 Address	
	Desifield	Reach / Flance City/State and Zip Code Para Control Control to be used for future annual report notif	0 334412
	Adassan E-mail address. (1	to be used for future annual report notif	ication)
For further information cor	ncerning this matter, please co	all:	
Adossah Name of I	Preciedous	S at (305) 308 Area Code Daytime	5308 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	reisicvalty	L C
(A	Florida Limited Liability Company)	S on our records.) 2819 HAY - 6 P E: 57
The Articles of Organization for this Limited Liab	ility Company were filed on 😋	-(Norm) - (35) 20 land assigned
Florida document number <u>L1SCCC22</u>	7192	and with the cutter of the cuttered at
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company he	<u>ere</u> :
She Is Roy The new name must be distinguishable and contain the word	IS "Limited Liability Company." the o	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET).	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address or e address here:	n our records, enter the name of the new
registered agent and/or the new registered office	e dudies, never	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida street address
		Florida
	City	гір Сойе

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:

or removed from our records		
MGR = Manager AMBR = Authorized Membe	r	
man St	1.1 4	Type of Action

<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Change
			☐ Remove
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<u>vote:</u> 1	we date, if other the etive date is listed, the case of the date inserted in ent's effective date or	this block does	not meet the applic	cable statutory filing i	(optional) e than 90 days after filing equirements, this date) g.) Pursuant to 605.0207 will not be listed as
e reco	ord specifies a de 90th day after th	elayed effecti ne record is fi	ve date, but no led.	ot an effective tin	ne, at 12:01 a.m.	on the earlier of
ated _	April	<u>30</u>	2019	<u>7</u> .		
		Signature	of a member or auth	orized representative of	a member	
			_	Cod name of signee		

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Filing Fee: \$25.00