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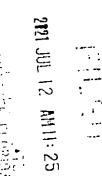
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## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
OCTOPUS	ACQUISITIONS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DARIUS VITKUS		
		Name of Limited Liability Company  midment and fee(s) are submitted for filing.  Acc concerning this matter to the following:  DARIUS VITKUS  Name of Person  Firm/Company  2436 N FEDERAL HWY 488  Address  TOMPANO BEACH FL 33064  Clay/State and Zip Code  stopusacquisitionslie@gmail.com  E-mail address: (to be used for future annual report notification)  rring this matter, please call:  at (	
		Firm/Company	
	2436 N FEDERAL HWY	488	
		Address	
	POMPANO BEACH FL 3	3064	
		-	
	• •		stitication)
For further information c	oncerning this matter, please c		,
Darius Vitkus		954 856-8778	
Name o	f Person	at () Area Code Dayti	me Telephone Number
		•	·
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			
Registration S Division of C		<del>-</del>	
P.O. Box 632	· · · · ·	The Centre of	-
Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our imited Liability Company)	records.)
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ed Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
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office address on our records.	enter the name of the new register
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Enter Florida Arve	tudivos
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City	, Florida Zip Code
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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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JENNIFER E MENDOZA	4591 Acacia Lane West Palm Beach FL 33415	<b>≅</b> Add
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record specifies a delayed effec d is filed.	tive date, bu	t not an effe	ective time,	at 12:01 a.m.	on the earlie	r of: (b)	The 9	0th day	after the
July 7 Dated		202	l .						
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