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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	umi's Sassi	Source				
	Name of Lin	ited Liability Company				
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspon	idence concerning this matter	to the following:				
	Locharian I	Source				
	LUX FICHY JOY	Name of Person				
		Firm/Company				
	_ le Berry	Address				
		/ valiess				
	Mascatte, FI	34753				
	1 \	City/State and Zip Code				
	Lacharian da E-mail address: (USC.110400.Com to be used for future annual report not	ification)			
For further information co	oncerning this matter, please ca	all:				
~						
Lacherian	200	at (352) _550:	3993			
Name of	Person	Area Code Daytin	ne 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	☐ \$60.00 Filing Fee. Certificate of Status &			
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)			
			(manifestation copy is enclosed)			
Mailing Address		Street Address:				
Registration S		Registration Se				
Division of Co P.O. Box 6327		Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Company A Florida Limited Lia	y as it now appears on out ability Company)	ir records.)			
The Articles of Organization for this Limited Lia		vere filed on	12/201	9	and as	signed
This amendment is submitted to amend the follo	•					
A. If amending name, enter the new name of	the limited liabili	ity company here:				
The new name must be distinguishable and contain the we	ords "Limited Liability	y Company," the designati	ion "LLC" or the	abbrev		L.C."
Enter new principal offices address, if applica	ıble:			•11	201	•
(Principal office address MUST BE A STREET	MUST BE A STREET ADDRESS)					
Trincipal office and constraint of a section		-		,	<u>က</u>	_ p+
					PR	
Enter new mailing address, if applicable:				· ·	<u></u>	
(Mailing address MAY BE A POST OFFICE B	<u>30X)</u>			<u> </u>	<u>ယ</u>	
B. If amending the registered agent and/or re agent and/or the new registered office address Name of New Registered Agent:	•	dress on our records	s, enter the na	ume of	the ne	w registered
New Registered Office Address:	Mascatt	Enter Florida stre	et address Florida	3 4	 757	<u> </u>
		City		7.	ip 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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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