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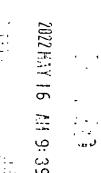
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Ch Llinly Ogg

COVER LETTER

Registration Section

Tallahassee, FL 32314

Division of Corporations

TO:

LAYLA EN	TERPRISES LLC		
SUBJECT.	Name of Lim	ited 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:	
	JOSEPH PEI		
		Name of Person	
		Firm/Company	
	416 SW IST AVE #303		
	FORT LAUDERDALE, F	Address L 33301	
		City/State and Zip Code	
	JOE@XENVO.COM		
For further information a	E-mail address: (concerning this matter, please c	to be used for future annual re	oort notification)
	oncerning this matter, prease co		(700
JOSEPH PEI		858 433-6 at ()	
Name e	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 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		Street Add Registrat	<u>ress:</u> ion Section
Division of C		-	of Corporations
P.O. Box 632	•	The Cent	re of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LAYLA ENTERPRISES LLC

2022 HAY 16 AM 9: 39

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	1	
The Articles of Organization for this Limited Liability Company Florida document number L19000234085	were filed on <u>09/06/2019</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	7901 4TH ST N		
(Principal office address MUST BE A STREET ADDRESS)	STE 5733		
	ST. PETERSBURG, FL 33702		
Enter new mailing address, if applicable:	416 SW 1ST AVE		_
(Mailing address MAY BE A POST OFFICE BOX)	#303		
	FORT LAUDERDALE, FL 33301		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		name of the new regis	tered
	Enter Florida street address		
. 	, Florida	Zip 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 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
AMBR	JOSEPH PEI		🗆 Add
			□Remove
		416 SW IST AVE #303 FORT LAUDERDALE, F	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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			(I)	
ective date, if other than the effective date is listed, the date mute: If the date inserted in this burnent's effective date on the I	ast be specific and cannot be prior block does not meet the applic	able statutory filing rec	(optional) nan 90 days after filing.) Pu puirements, this date will	rsuant to 605.020 I not be listed as
ecord specifies a delayed effecti s filed.	ve date, but not an effective t	ime, at 12:01 a.m. on th	ne earlier of: (b) The 90)th day after the
ted MAY 12	2022			
.cu	,,	- 177		
		poeter		
	Signature of a member or auth	orized representative of a	member	