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2022 SEP 13 PH 3: 51
SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT: _(_)S	tom Outc	ted Liability Company	ions L.L.C
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Derek	Name of Person	
	Custom C	SUHOOF Crec	tions L.L.C
	4400 En	Herprise Au-	= *
	Paples Plagydd	City/State and Zip Code OCIUM 9 C QQ) To be used for future annual report notification.	2022 SEP 13 PM 3: 5 SECRETARY OF STAT TALLAHASSEE, FL
For further information c	oncerning this matter, please ca	·	SE PA
Devek Je Name o	Person	at (237) UD Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Corp The Centre of Ta	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on __ Florida document number L 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 words "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: (Mailing 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:

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.

City

Enter Florida street address

, Florida

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	Marina Catalan Morais Herring	3021 Terracap Way Apt 2303 Estero FL	_***Add 33928 _ = Remove
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an effective date is liste Note: If the date inse	her than the date of filited, the date must be specific as intend in this block does not date on the Department of	nd cannot be prior to da meet the applicable				
	elayed effective date, but no	ot an effective time,	at 12:01 a.m. on the ea	arlier of: (b) The 90	th day aff	ter the
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d is filed.	09/2022	.,				
e record specifies a de d is filed. Dated	Dun	a member or authorized	MS d representative of a mer	nber		

KAYCEE BUTLER

MY COMMISSION # HH 082062

EXPIRES: May 17, 2025

Bonded Thru Notary Public Underwriters

Y WYCLLY LLL

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Filing Fee: \$25.00