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	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-U	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

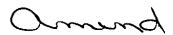
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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: SUBJECT:	mnie Ma	110 PAI		
SUBJECT:	Name of Limi	ited Liability Company	.	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Stephani	E HaaleS Name of Person		
		Firm/Company		
	4932 Ro	HUND WYY		
	St. Cloud	F1 34771		
	E-mail address: (0	City/State and Zip Code City/State and Zip Code to be used for Nyture annual report notif	ication)	S) (1)
For further information co	oncerning this matter, please ca	all:		iģ =
Stypnonie Name of	HoraloS Person	at (<u>U07</u>) <u>399.</u> - Area Code Daytime	Telephone Number	5 44 9: 00 6 44 9: 00
Enclosed is a check for th	ne following amount:			**,
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F- Certificate of S Certified Copy (additional copy is	Status &
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Corp The Centre of T	porations	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stromanie !	MOOUS LLC	ir records)
(Name of the Limited	I Liability Company as it now appears on or A Florida Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Lia Florida document number \(\bigcup_20000\)		2-2020 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office address		s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
	City	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
MGR	Suppranie Morale	5 4932 Payone Way	tl/Add
	•	St. Cloud FI 34771	□Remove
			Change
AMBR	Jorge Y Bacz	4932 Rayone Way	□Add
	J	StCloud FI 34771	Tremove
			□Change
			□Add
			□Remove
			□ Change
	 		□Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated Nov 11