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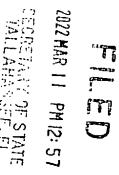
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A. BUTLER MAR 2 2 2022

COVER LETTER

FO: Registration Section Division of Corpora	n ations		
SUBJECT: WE	R The 1	1nchine	
Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: JAHMA Polling Name of Person Name of			
Please return all corresponde	nce concerning this matter to	the following:	
	JAHMAL.	Pollins Name of Person	
	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: JAHMAL Polling Name of Person		
	MY OZUM	Address	
	Mi Ami GA	RDEUS FL 3305 City/State and Zip Code	bb
-	Wrtm2020 (E-mail address: (to	amail. com be used for future annual report notific	cation)
For further information cond	erning this matter, please ca	11:	
JAHMAL P. Name of Po	oollins erson	at (786) 208 Area Code Daytime	- 8463 Telephone Number
Enclosed is a check for the	following amount:		
₩ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	ction		tion
Division of Cor			oorations
P.O. Box 6327		The Centre of Ta	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

We I The Markin	ne 110	2022 MAR 11	PM 12: 57
(Name of the Limited Liability Co	ompany as it now appears nited Liability Company)	on out records. MARY TALLAFIA	OF STATE
The Articles of Organization for this Limited Liability Comp			
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	ignation "LL(" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our rec	ords, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	a street address	
		. Florida	
	City	, Fiorida	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 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
MGR	TARIK Prollins	4901 MADISON St.	□Add
		4901 MADISON St. Holly wood, FL 33021	CRemove
			□Add
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Filing Fee: \$25.00