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SECRETARY OF STATE OF AHILANDS

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COVER LETTER

TO: Registration Section

Division of Cor	porations		
SUBJECT:	Name of Lim	J - (5) H T H]	ING CLC
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jaséph i	Name of Person	
	<u> Duda l</u>	CVISIT Things	(1)
	508 Joth	Street Address	
	Nice ville	FL 32.	5 18
	E-mail address:	U choo CON1 to be justed for future annual report not	ification)
For further information c	oncerning this matter, please ca		
Joseph C Name o	f Person	at (850) L. J. Daytin	C) — [(o G (e)) me 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)	☐ \$60.00 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 Se Division of Co The Centre of	rporations
Tallahassee, I	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallunassee, FL 32303

ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability (A Florida I	Company as it now appears of imited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co Florida document number <u>し こののの らげん</u>	mpany were filed on \mathcal{W}	lar 13,2020	and assigned
This amendment is submitted to amend the following:		ity company here:	
A. If amending name, enter the new name of the limit	ed liability company here	<u>e</u> :	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the des	ignation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>	
(Principal office address MUST BE A STREET ADDRE	ESS)	AL.	
		<u> </u>	## ·· ## ———————————————————————————————
		ASSE ASSE	-5 :
Enter new mailing address, if applicable:	ess, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			the new registere
	Enter Florid	a street address	
	Cin		Zin Carlo
New Registered Agent's Signature, if changing Registered	,	7.	лр Соле
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this ca mplete performance of m ent as provided for in Ch	ny duties, and I am fami papter 605, F.S. Or, if th	liar with and iis document is

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

Title	<u>Name</u>	Address	Type of Action
NG RM	Joseph Duda	508 20th Street	Add Add
		Mceulle FL 32578	Type of Action Type of Action Add AY - S Remove FLOT F
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			Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of the: If the date inserted in this block does not meet the applicable statument's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to 605.0
cord specifies a delayed effective date, but not an effective time, at 12: s filed.	:01 a.m. on the earlier of: (b) The 90th day after
ed <u>April 24</u> . 2028.	
Signature of a member or authorized repre	resentative of a member