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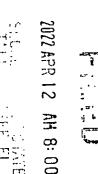
(Requestor's Name)
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COVER LETTER

то:	Registration Sect Division of Corpo			•
SUBJI	ECT:	Name of Limi	ted Liability Company	
The en	closed Articles of A	mendment and fee(s) are subi	nitted for filing.	
Please	return all correspond	dence concerning this matter t	to the following:	
			,	ant Oponail. Com Sik 102-357
			o be used for future annual report noti	fication)
For fur	<u> </u>	e Sant Person	a(<u>954_588</u>	S - 7956 e Telephone Number
Enclos	ed is a check for the	following amount:		
□ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$20.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:	etion	Street Address:	Mian

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION



O	F .	2022 APR 12 AM 8: 00
(Name of the Limited Liability Compar (A Florida Limited L.	y as it now appears on our records, inability Company)	JAME <u>TALE.</u> ALULE, FL
The Articles of Organization for this Limited Liability Company (and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi Stork-Core The new name must be distinguishable and contain the words "Limited Liabili	11 C	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SUITE 102 Hollyword	100 RA 2-357 Fl 33024
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8570 St Suite 1 Hollywi	17/10g Rd 02-357 02/, Fl. 33024
B. If amending the registered agent and/or registered office a igent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent: New Registered Office Address: 85 70) Sheling RD Emer Florida street address	Suite 102-357
	Emer Florida street address TO y wood . Florid	a <u>33024</u>

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby 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>	<u>Name</u>	Address	Type of Action
MGR	Carline Sanz	Solve Solve Rolling Rolling -33	7 +6/4000/+1 _ □.\dd 3322
			□Remove
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗖 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

). If amendin	ig any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 	
	
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. /	
Note: If the	ate, if other than the date of filing:
the record spe	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	4/2/22
_	Signature of a member or authorized representative of a member
_	Typed or printed name of signee

Filing Fee: \$25.00