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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sosnoss Limy Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

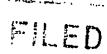
Division of Co.			
SUBJECT:	OVAR CLEAN Name of Lin	MOSOLUTIC	ons lle
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Motyka Joyce C	Namo Person	lutions
	2800	Firm/Company Address	
	Talaha Motuhasi	City State and Zip Code (ACC LLC) (2) to be fused for future annual report port	ail can
For further information c	concerning this matter, please co	oll:	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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		Street Address: Registration Sec	tion
Digital at 60		Division of Com	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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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 OF



Name of the Limited Elability	Company as it now appears of	2023 AUG 10 PM	<u> 18:55</u>
The Articles of Organization for this Limited Liability Co	mpany were filed on		E.FL and assigned
Florida document number <u>L20coc194593</u>	_•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:	:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the desig	mation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our reco	rds, <u>enter the name of</u>	the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		Florida	
	City	Z	p 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

Title	Name	Address	Type of Action
MGR	Motoka Joyce	2800 ROLANYPI	7 Add
	J	Jaco Edan, Pl Tallahassee, Fla	□Remove
		32301	□Change
AKBR	Motyka Joyce	2500 Botany PI	— Kadd
		Tallahasseg. Fla	□Remove
		<u> </u>	□Change
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Note:	we date, if other than the date of filing:
e record d is file	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 ed.
Dated _	8108 10033.
	- WITH ACO SIEV.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00