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SECRETARY OF SIGNALLAHASSEE, FINAL

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## **COVER LETTER**

Division of Corporations		
SUBJECT: SAHLE Name o	OLE THEILNATIONAL LLC	
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Hin	Hame of Person	
<u></u>	HIE ONK Internation	
<del></del>	Address	
E-mail addr	City/State and Zip Code  Si S A + 1 C & 5 im A i 1 . Cum  ress: (to be used for future annual report notification)	
For further information concerning this matter, ple	ase call:	
History SAHIE Name of Person	at (OSO) Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee Solution State  Solution		
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations	Division of Corporations	
Registration Section	Street Address: Registration Section	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAHLE ONE	: Inter	UNATIONAL LLC
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears d Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Compar Florida document number $\angle 2000020335$ .  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability.	ability company her	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the de	signation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	15AH1	E CUE INELLATIONAL LLC
(Principal office address MUST BE A STREET ADDRESS)	<u> 113 S</u>	SUTH MONROR ST
	15+	Floor
	TXII	thassax, F1 32301
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our re	cords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Flori	da street address
<u> </u>		, Florida
	City	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
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); nketul		TAV/A/1880 32301	□Remove
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			□Change

amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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n effec <u>ste:</u> II	tive date, if other than the date of filing:
ecord 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 d.
ted _	1-12-2023.
	Signature of a member or authorized representative of a member
	/ <del>/</del> · 1

Filing Fee: \$25.00