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SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2022 APR II AH 7: 58

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COVER LETTER

	stration Section ion of Corporations				
is in the second	Sute LLC				
SUBJECT: _	Name of Limited Liability Company				
The enclosed A	Articles of Amendment and fee(s) are submitted for filing.				
Please return al	all correspondence concerning this matter to the following:				
	Filing Yolanda				
	Name of Person				
	ZenBusiness Inc				
Firm/Company					
	5511 Parkerest Dr., Suite 103				
	Address Austin, TX 78731				
	City/State and Zip Code fulfillment@zenbusiness.com				
	E-mail address: (to be used for future annual report notification)				
For further info	ormation concerning this matter, please call:				
Filing Yolanda	a 8-14 493-6249 at ()				
	Name of Person Area Code Daytime Telephone Number				
Enclosed is a cl	theck for the following amount:				
■ \$25.00 Filin	ing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy tadditional copy is enclosed Certified Copy tadditional copy	f Status & py			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

2022 APR 11 AM 7: 58

iSute LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears of the Corts. (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{07/15/2020}{2}$ and assigned Florida document number L20000205227 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sute LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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. 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	
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D. If amendin	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
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Note: If the	if other than the date of filing:
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ay after the record is filed.
03/25 Dated	2022
	Gabriel Dos Santos
-	Signature of a member or authorized representative of a member
(riel Dos Santos , Member
_	Typed or printed name of signee

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