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COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT: JEW	Name of Lim	DYEAK LIST LI	C
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Stephenie	Name of Person	
			207
	 	Firm/Company	2026 EUS -3
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	SOU ALVAT	nomas 2d	ω
		Address	
	Panama CH	City/State and Zip Code	2: 09
	JOWN E-mail address:	to be used for future annual report noti-	fication)
For further information co	oncerning this matter, please ca	all:	
Stermenie	Brian	at (250) 296	-0733
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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 Address Registration S	_	Street Address: Registration Sec	etion
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee, F	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: 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 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
			□Add
			□Remove
			☐ Change
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an effective date is lote: If the date	f other than the da s listed, the date must be inserted in this block tive date on the Depa	specific and ca does not me	annot be prior et the applic	to date of filing of able statutory f	r more than 90 da iling requiremen	(optional ys after filin its, this dat	g.) Pursuant to 60	5.0207 ted as
record specifies his filed.	a delayed effective d	ate, but not as	n effective ti	me, at 12:01 a.	m. on the earlier	of: (b) T	he 90th day afte	er the
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rated	Signature	nature of a me	ember or autho	rized representa	tive of a member			

Filing Fee: \$25.00