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(Red	questor's Name)		
(Add	iress)		
(Add	dress)		
(Requestor's Name) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) (Courrent Number) (Courrent Number) (Courrent Number) (Courrent Number) (Courrent Number)			
PICK-UP	☐ WAIT	MAIL	
(Bus	siness Entity Nan	ne)	
(Doc	cument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to F	Filing Officer:		

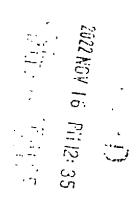
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Office Use Only



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COVERLETTER

Division of Cor	porations		
SUBJECT: FOU	nding Annels	ted Liability Company	
Someth	Name of Lim	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Andrea Ar	n Anderson Name of Person	
		Firm/Company	
	3155 Col	umbia Blvd #	1050
	_Titusville,	FL 32780 City/State and Zip Code	
	andreas note	ary, business 130 c	mail com
For further information c	oncerning this matter, please ca	all:	
Andrea Ar	MESON f Person	at (<u>321</u>) <u>362 -</u> Area Code Daytim	2498 ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sc	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	l'allahassee

Tallahassee, FL 32314

Registration Section

· TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 NOV 16 PH 12: 35

Founding Ange	15, LL	<u>C</u>	<u> </u>	7.31.72
(<u>Name of the Limited Lis</u> (A Flo	ability Compan orida Limited Li	y as it now appear ability Company)	s on our records.)	ı
		were filed on	July 31, 202	⊋€ and assign
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	<u>limited liabil</u>	ity company he	ere:	
Andreas Notary and The new name must be distinguishable and contain the words "	Busine Limited Liability	ess Serv ty Company," the d	esignation "LLC" or the a	abbreviation "L.L.C
Enter new principal offices address, if applicable:	:			
(Principal office address MUST BE A STREET AL	ODRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	2		 	
(Principal office address MUST BE A STREET ADDRESS)				
		ddress on our r	ecords, <u>enter the nar</u>	me of the new res
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Flor	ida street address	
		City	, Florida _	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 wind provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			🗆 Add
			□Remove
			□ Change
	- 		□Add
			🗖 Remove
			□ Add
			□Remove
			🗆 Change

_		
If an effective Note: If the	late, if other than the date of filing:	0207 (d as t
e record spe rd is filed.	ecifies 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 M I	ovember 9 2022	
-	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00