L20 000 233991

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE E

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	7	Name of Person	
		Name of Person	
		SITOO, LIC Firm/Company	
		Firm/Company	
	<u> </u>	-GUMONT Lane Address	
		Address	
	Palm Ber	City/State and Zip Code	33410
	E-mail address: (70 Kns 9 k 15. UCF.	otification)
For further information c	oncerning this matter, please c	all:	
_		· · · · · · · · · ·	12.29.96
Name o	FPerson	at (\$761)	ime 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	ss:	Street Address:	
Registration :	Section	Registration S	
Division of C P.O. Box 632	-	Division of C The Centre ot	-
Tallahassee,		2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STTOO II

——————————————————————————————————————	3-1 (1)	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our r imited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L2000233991</u>	mpany were filed on Aug 4	, 2020 and assigned
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 designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		SEC TO
B. If amending the registered agent and/or registered of		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>e</u>	enter the name of the new registered
agent and of the new regions to other man and		SO n
Name of New Registered Agent:		EFS C
		구
New Registered Office Address:	Enter Florida 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 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:

(ICR)	Manager	
	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
MGR	Juan Molina	113 Becomon+ Lane	□ Add
		Palm Beach Gardons, FL 33410	3 □Remove
			X Change
			🗆 Add
			□ Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			🗀 Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			Remove
			□ Change

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F ffec	ive date, if other than the date of filing: (optional)
If an et Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 It the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
e reco	rd specities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the delayed.
Dated	August 18, 2022
	Signature of a member or authorized terresentative of a member
	$oldsymbol{\epsilon}$

Filing Fee: \$25.00