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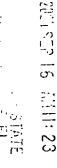
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Fast Act on tracking 21C Name of Limited Enability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing
Please return all correspondence concerning this matter to the following:
Raymond Victorine III
Firm/Company
6677 42nd Tex N Unit B
Riviera Beach 4 3340) Chy/State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Raymond Victorine III at (SQ) 891-2858 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25 00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \\$55.00 Filing Fee \& Certified Copy tadditional copy is enclosed: \$60.00 Filing Fee, Certified Copy tadditional copy is enclosed: \$60.00 Filing Fee, Certified Copy tadditional copy is enclosed:
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	•	v as it now appears o	n our records.)	<u> </u>
(Name of the Limited				
The Articles of Organization for this Limited Lia Florida document number している	bility Company v	vere filed on	(131/202	. <u>O</u> and assigned
This amendment is submitted to amend the follow	nitted to amend the following: enter the new name of the limited liability company here: inguishable and contain the words "Limited Liability Company," the designation "L.I.C" or the abbreviation "L.I.C" Fices address, if applicable: is MUST BE A STREET ADDRESS) Itess, if applicable:			
A. If amending name, enter the new name of t	the limited liabil	ity company here	:	
The new name must be distinguishable and contain the wor	rds "Limited Liabilit	y Company," the desig	gnation "LLC" or the ab	breviation "L.L.C"
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	(ADDRESS)		V-10	
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	ON)		<u>.</u>	
B. If amending the registered agent and/or regard and/or the new registered office address		ddress on our reco	ords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	Ray	mond)	Victorne	III
New Registered Office Address:	15248	OV ANGE (Enter Florida	BVA 1 street address	
	Loxan	atchec City	, Florida	33470 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 familial 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.

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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			/Change
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	15248 Oxange Blud Lora	hatzkemove	
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