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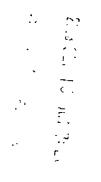
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COVER LETTER

Division of Corporations			
SUBJECT: MORRY	ME AIREAN Name of Limited Liability Comp	LLC	
	., ,	•	
The enclosed Articles of Amendment	and fee(s) are submitted for filing.		
Please return all correspondence cond	erning this matter to the following:		
In	Jetha L Clinu		
	Name of Po	'son	
-	Firm/Comp	any	
33	101 VERBENAT	WE	<u></u>
<u>h</u>	Address INTER HAVEN D	3388/	
//	VACE PREGNAECS	BIZ	-
	E-mail address: (to be used for future	annual report notification)	<u> </u>
For further information concerning th	is matter, please call:)	
Taletha Clinas	ai (8le)	3, 5/3069L	0
Name of Person 1	Area Co	ode Daytime Telepho	one Number
Enclosed is a check for the following	amount:		
☐ \$25.00 Filing Fee \$30.00 Certi	O Filing Fee & ☐ \$55.00 Filing ficate of Status ☐ Certified C (additional co	ng Fee & Copy Opy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	S	reet Address:	

TO:

Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L Z 0000 308476 This amendment is submitted to amend the following: A. If amending game, 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

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.

City

Florida

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			DAdd
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ied/	3 SEY 2023.	
	Signature of a member or authorized representative of a member	
	Talitha L Chrug	
_	Typed or printed name of signee	

Filing Fee: \$25.00