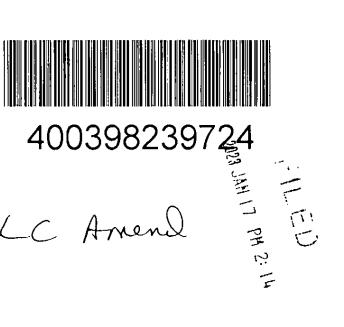
(Requestor's Name) (Address)	4		
(Address)			
(City/State/Zip/Phone #)	LLC		
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
ed Copies Certificates of Status			
c al Instructions to Filing Officer:			
Office Use Only			





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A. RAMSEY JAN 1 8 2023

## COVER LETTER

TO:	Registration Section Division of Corporations	•
SUBJ	ECT: Eberth	of Limited Liability Company
	Name	of Limited Liability Company
The er	nclosed Articles of Amendment and fee(s)	are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
		urt Bender, Esq. Name of Person
	- Ber	rdec. legal, P//C
	P.G.	Bex 181283 Address
	Talla	hasself FL 32303
	Co(+ E-mail ac	City/State and Zip Code  Cobender leval  Idress: (to be used for future annual report notification)
For fu	rther information concerning this matter, p	lease call:
<del>_</del> ,,	Oct Bender, Esq.	at ( <u>407</u> ) <u>467-7275</u> Area Code Daytinæ Telephone Number
Enclo	sed is a cheek for the following amount:	
<i>5/.</i> s	25.00 Filing Fee S30.00 Filing Fee Certificate of St	
	<u>Mailing Address:</u> Registration Section	Street Address: Registration Section
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
	1.0.000.0027	THE CENTE OF Furtamenasce

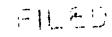
Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO

## ARTICLES OF ORGANIZATION



21	2023 JAN	17 PM 2: 14
E beiths &	htoraise //	
	ty Company as it now appears on our records.) Limited Liability Company)	
•	• • •	
The Articles of Organization for this Limited Liability C	Company were filed on 9130/2 C	and assigned
Horida document number <u>L266630 8 96</u>	<u>{                                    </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
		4-
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, enter the	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	da Zin Code
	City	zip Coae

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:

MGR = Manager

AMBR = Authorized Member Type of Action Address Title <u>Name</u> 10500 S J-35 Scontage Rd □Add Raquel Laccia austin, Tx 78748 Remove \_\_\_\_\_ □Change 3080 Station Square, #226 DAdd MGR Desus Jadan Kissimmee, FL 34744 TRemove \_\_\_\_\_ □Add \_\_\_\_\_ DChange \_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_ □Change □Remove □Change

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Note: If the date	f other than the s listed, the date must inserted in this blo tive date on the De	date of filing: be specific and ca ock does not mee	unnot be prior to	date of filing or me	(opt	tional) er filing.) Pursuant	10 605.02
record specifies d is filed.	a delayed effective	date, but not an	reffective time	e, at 12:01 a.m. c	on the earlier of: (	(b) The 90th da	y after th
Dated	1-17-2	2		. •			
	1-17-2 Theath 1	Leuzo L Signature of a ma	mber or authori	- P.O.,	of a member		
	Z beaths	Darza	hu C	+B	1 sc - S	120 1	

Filing Fee: \$25.00