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COVER LETTER

TO: Registration Se Division of Cor			
T	IE YAM. NOTE		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Patricip	SENA Name of Person	
		Name of Person	
	THEN	Firm/Company	
		Finn/Company	
	16919 N BAY	1 ROAD APT 1009	<u></u>
	•	Address	
		33160	
		City/State and Zip Code	
	Potty Sova & Ti-mail address: (t	The many off Len o be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
PA	tucia Senia	a 786 7046	843 Telephone Number
Name o	i Person	Afest Code 19ayume	; receptione Nutrices
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 Address:

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

Street Address:

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 OF

THE MAMINUTE	N:		
(Name of the Limited Lian (A Flor	ida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability		<u> </u>	and assigned
Florida document number 20000 35 49 0	3		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liabili	ity company here:	
Loceo Co	e Hitt	EELLC	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The new name must be distinguishable and contain the words "L	imited Liability		_
Enter new principal offices address, if applicable:			aptioo4
(Principal office address MUST BE A STREET ADI	DRESS)	SUNNY ISLES, F	<u></u>
		33160	
Enter new mailing address, if applicable:		SAME	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register	rad affice or	Idroce on our records, anter the nam	a of the new registered
agent and/or the new registered agent and/or register		idiess on our records, <u>enter the nam</u>	e of the new registered
			لرسا
Name of New Registered Agent:	N/A		
New Registered Office Address:	МИ		,
New Registered Office Address.	υ/- Δ	Enter Florida street address	-
	J/A	, Florida	
	-/··	Cin	Zip Code?
New Registered Agent's Signature, if changing Registe	red Agent:		22
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	l complete p agent as pr ered office a	performance of my duties, and I am j covided for in Chapter 605, F.S. Or,	familiar with and if this document is

N/A
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			⊡Add
			∃Remove
			□Change
			⊐Add
			□Rетюve
			□Change
		/	□Add
			□Change
		_/	□Add
			□Rеточе
			□Change
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			□Remove
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	/		□Remove
			

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	 ,			
				
				
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ective date, if other than the dat	a of filing:		(optional)	
effective date is listed, the date must be	specific and cannot be prior to	date of filing or more than !	0 days after filing.) Pursuant to	605.020
e: If the date inserted in this block ument's effective date on the Depar		ole statutory titing require	ments, this date will not be	nstea as
cord specifies a delayed effective da s filed.	te, but not an effective tin	ie, at 12:01 a.m. on the ea	rlier of: (b) The 90th day a	after the
		()		
ed April 9,	2021	- desire		
r		de yes		
		ized representative of a men		_

Typed or printed name of signee