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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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PILED 2021 FEB 28 M 9: 02 SEGNETAR SEE, FLE

A. BUTLER MAR - 8 2022

COVER LETTER

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TO: Registration S Division of Co			,
Cellarius,	LLC		
SUBJECT:	Name of Lin	nited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Misty E. Arend		
		Name of Person	
	Cellarius, LLC		
		Firm/Company	
	CMR 480 Box 3168		-
		Address	·
	APO, AE. 09128		
		City/State and Zip Code	
	misty.arend@yahoo.com		
For further information		to be used for future annual report not	ification)
	concerning this matter, please o		
Misty Arend		+49 171-181-524 at ()	
Name c	of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Sc	ection
Division of C	Corporations	Division of Cor	
P.O. Box 631		The Centre of 7	
Tallahassee,	r に 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 FEB 28 AM 9: 02

Cellarius, LLC

(Name of the Limited Liability Company as it now appear of our regords.) OF STATE

(A Florida Limited Liability Company)

TALLARIZETE FI

		IMELM	imbull, FL
The Articles of Organization for this Limited L	iability Company	y were filed on 1 FEB 2021	and assigned
Florida document number L20000372477			
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited lial	bility company here:	
N/A			
The new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:	N/A	
(Principal office address MUST BE A STREE	TADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	<u>ΒΟλ)</u>		
B. If amending the registered agent and/or ragent and/or the new registered office addre		address on our records, <u>ente</u>	r the name of the new register
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street addro	285
			lorida
		City	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 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>	Name	Address	Type of Action
AMBR	Misty Arend	CMR 480 Box 3168 APO, AE, 09128	□Add
			■Remove
			□ Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			
			
			□Remove
			□Change
		, <u> </u>	□Add
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			□Add
			□Remove
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tote: II	e date, if other than the date of filing:
record : is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the figure of the feet of the f
ated _	16 FEB 2022
	Mot Acrol Signature of a member or authorized representative of a member

Filing Fee: \$25.00