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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	me Is Nou) LIC	
SOBJECT.	Name of Lim	ited Liability Company	·
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Dom	inique PrHer	
		Name of Person	
		Firm/Company	
	1020	Wanderer Dr	
		Address	
	DeHo	Ona FL 32738 City/State and Zip Code CISNOWLLC @gma	
		City/State and Zip Code	
	lyme	lisnowlic@gma	il.com
	E-mail address: ()	to be used for future annual report notif	ication)
For further information con	ncerning this matter, please ca	all:	
Dominique	Pitter	at (407) COCO - Area Code Daytime	1910
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	following amount:		
S≥5.00 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:		Street Address:	·io
Registration Se Division of Co		Registration Sec Division of Cort	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF the state of th
(Name of the Limited Liability C	ON LC 21 JUL 19 PH 3: 11 Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number 86-1454466	pany were filed on Ol-14-2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	I liability company here:
The new name must be distinguishable and contain the words "Limited	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 ADDRES	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	
	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 = M $AMBR = A$	anager uthorized Member	A 41 年 41 年 4 年 4 年 4 年 4 年 4 年 4 年 4 年 4	
<u>Title</u>	<u>Name</u>	Address 21 JUL 19 PH 3: 11 Typ	e of Action
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