## h20000 396712

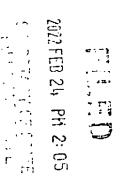
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## **COVER LETTER**

TO: Registration Section Division of Corporations			s					•		
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SUBJE	ЕСТ:	سم .	3v <u></u> 8							
			Name of Li	mited Liabili	ty Company					
The en	closed Artic	eles of Amendme	ent and fee(s) are su	bmitted for	filing.					
Please	return all co	orrespondence co	oncerning this matte	r to the foll	owing:					
			AR7	A Y (	215					
				Nan	ne of Person					
			KING	5701	IE					
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			E-mail address:	47/21	5 6 1(1	NG5701	VE.CO			
			n-mail address.	(to be used i	or mure amua	и героп попис	ation)	<i>(</i> *	202	
For fur	ther inform	ation concerning	this matter, please	call:				- ; <u>}</u>	FE 2FE	
	An	27 AYR	215	at	(352)	267	. 452	q mber	6 24	
		Name of Person			Area Code	Daytime 'l	elephone Nu	mber		j
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Enclos	ed is a chec	k for the followi	ng amount:						0.5	
<b>√</b> \$2	5.00 Filing		0.00 Filing Fee & ertificate of Status	Ce	.00 Filing Fee rtified Copy litional copy is er		Cert Certi	00 Filing Fee, ificate of Statu ified Copy tional copy is encl		

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

37		LLC		
(Name of the Limit	d Liability Comp A Florida Limited	any as it now appears on Liability Company)	our records.)	- 15 P
The Articles of Organization for this Limited Li			121/20	and assigned?
Florida document number L Z 000 c	396712	-		5
This amendment is submitted to amend the follo	wing:			•
A. If amending name, enter the new name of	the limited lial	bility company here:		
1c1 N65	TONE	UNIVERSE	110	
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the design	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applications	able:			
(Principal office address MUST BE A STREE	T ADDRESS)	<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE A	<u>80X)</u>			
•			•	<u>.                                    </u>
B. If amending the registered agent and/or r agent and/or the new registered office addres		address on our recor	ds, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent:			·	
New Registered Office Address:				
<del>_</del>		Enter Florida s	treet address	
			12/21/20 and assigned.	
		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>	<u>Name</u>	Address	Type of Action
	NO CHANCES		□Add
			□Remove
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NO	CHANCES	
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ive date, if	other than the date of filing: $\frac{2/25/22}{}$ (optional)	
If the date in	isted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu iscreed in this block does not meet the applicable statutory filing requirements, this date will no	
nent's effectiv	we date on the Department of State's records.	
rd specifies a	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	day after
led.		
Fe	bruary 19 2022	
	Signature of a member or authorized representative of a member	
	//am/k/ base	