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COVER LETTER

TO: Registration Se Division of Cor			. ₩
	•	ited Lability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Lolan 1	Romero	
		Name of Person	
		Firm/Company	
	552 Emi	ly Loop	
		2304	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Name o	f Person	at () Area Code Daytime	e Telephone Number
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 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
NI SP . Add		Saura Addinana	

TO:

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

(Name of the Limited Liab	TING LLC illity Company as it now appears on ou ida Limited Liability Company)	ır records.)
(A Flor	ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Torida document number 121000029	Company were filed on <u>Jan</u> 173	Uary 5, 2021 and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	160	
he new name must be distinguishable and contain the words "L	imited Liability Company," the designat	ion "LLC" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		ZA.
• •	DPECCI	
Principal office address MUST BE A STREET AD	<u> </u>	
		<u>ن</u>
Enter new mailing address, if applicable:		. ?
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registe agent and/or the new registered office address her		s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida su	and address
	Enter viorida Sii	ver taan ess
		, Florida
	City	Zıp 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 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>	Name	Address	Type of Action
AMBR	Lilean Romero	552 Emily Loop #73 tallahasse FL 32304	XAdd
		tallahasse FL 32304	□Remove
			□Change
			□Add
			□Remove
			□Change
		-	□Add
			□Remove
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f an effectiv <u>Note:</u> If th		ate must be specific a this block does no	and cannot be prion of meet the appli	r to date of filing or cable statutory fili		otional) fter filing.) Pursuant to this date will not be	
record spe d is filed.	ecifies a delayed e	ffective date, but r	not an effective (time, at 12:01 a.m	on the earlier of:	(b) The 90th day	after the
Dated 🥏	2/19/2	·1		· .			
			iffulfall	norized representativ	re of a mambar		-
		Signature of	i inerinter or auti	torned representati	e of a member		