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Certified Copies	Certificates	of Status
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TO:

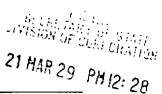
Tallahassee, FL 32314

TO: Registration Se Division of Co			,
V1 o	UT 110		•
SUBJECT: KLO	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Name of Limited Liability Company Price of Amendment and fee(s) are submitted for filing. Correspondence concerning this matter to the following: Tyrin Sorchez Name of Person Firm/Company 955 Lace Fern Rd Address Address Address City/State and Zip Code Tyrin Xenier of Deliver Inture annual report notification) mation concerning this matter, please call: Name of Person Area Code Daytime Telephone Number eck for the following amount:		
	•	Name of Person	
		Firm/Company	 -
	955 Lace Fer	n Rd	
	Tyrin Xavier &	City/State and Zip Code to the used for future annual report notice	fication)
For further information of	concerning this matter, please ca	ail:	
		at ()	
Name c	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
₹25.00 Filing Fee	~	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres		Street Address:	
Registration		Registration Sec	
Division of C P.O. Box 633		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



				1116
(Name of the Limited (A	Liability Company as it Florida Limited Liability	now appears on our r Company)	ecords.)	PM12: 2
he Articles of Organization for this Limited Liab	ility Company were f	iled on OI / II /	2021	and assigned
lorida document number <u>LZ1 0000 25 25</u>	_	•		
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability co	mpany here:		
The new name must be distinguishable and contain the word	ls "Limited Liability Com	pany." the designation	"LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicab	le:			
Principal office address MUST BE A STREET.	ADDRESS)			
		<u> </u>		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:				
ALTER AND ADDROCK OFFICE DA	<u></u>			<u></u>
Mailing address MAY BE A POST OFFICE BC				
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3. If amending the registered agent and/or reg		on our records, <u>e</u>	nter the nam	e of the new regis
3. If amending the registered agent and/or reg		s on our records, <u>e</u>	nter the nam	e of the new regis
3. If amending the registered agent and/or reg		s on our records, <u>e</u>	enter the nam	e of the new regis
3. If amending the registered agent and/or reg gent and/or the new registered office address l				e of the new regis
B. If amending the registered agent and/or registered office address legent and/or the new registered office address legent ame of New Registered Agent:		on our records, <u>e</u>		e of the new regis

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

INVISION OF CONFORMING

<u>Title</u>	<u>Name</u>	Address	21 HAP 20 of Metaune 8
AR	Tyrin Sanchez	955 Lace Fern Rd	□Add
		Orlando, FL 32811	□Remove
			Change
MUR	Tyrin Sanchez		□∧dd
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effective date is	listed, the date must be	specific and cann			han 90 days aft	er filing.) Pursuar	
	nserted in this block ve date on the Depar			statutory filing re	quirements, tl	nis date will not	be listed
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