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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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	•	COVER LETTER	Business)	Jame Change y - Phraywan 11-19-22
TO: Registration Se Division of Cor			OAI	11-19-22
SUBJECT:	ogress Hum Name of Lim	9 Securice ited Liability Company	Lla	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		·
Please return all correspo	ndence concerning this matter	to the following:		
	RD F	Name of Person		ı
	•	Name of Person		.1
		Firm/Company		
	7613 N	W 42nd Pl	#213	
	Sunrise	FC 3335/ City/State and Zip Code		
	E-mail address (ing rous (a gin) to be used for future annual report	cul, CEM	
For further information c	oncerning this matter, please ca	all:		
RDSIC Name o	Gaydan_	at (<u>734_</u>) <u> </u>	time Telephone Number	
Enclosed is a check for the	ne following amount:			
1 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Certificate of Certified Co (additional cop	of Status & oppy
Mailing Addres Registration S		Street Address		
Division of C	orporations	Registration Division of 0	Corporations	
P.O. Box 632	7	The Centre of	af Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	rere filed on 01 21 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	0022
	NO 28 F
Enter new mailing address, if applicable:	—————————————————————————————————————
(Mailing address MAY BE A POST OFFICE BOX)	S AIE
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress 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
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
			□Remove
			□Change
			🗀 Add
			Remove
			□Change
			□ Add
			□Remove
			□Change
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			<u>,</u>	
				
te: If the date inserted in	an the date of filing:	he applicable statutory		ling.) Pursuant to 605.020
cord specifies a delayed of sfiled.	effective date, but not an ef	Fective time, at 12:01 c	i.m. on the earlier of: (b)	The 90th day after the
ed 11/19	<u></u>	022.		
	Signature of a member	er or authorized represent	ative of a member	
	_			