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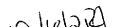
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vaniel H. Samon Preceo Name of Person
Dotto Jo Es 110.
Firm/Company
7225 Ul 11 CT Abt # 115
Mealean Fl 33014
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vaniel H Samon at 786 3723547 Name of Person at 786 Daytime Telephone Number
Enclosed is a check for the following amount:
E \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOMOYOE, 11C		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000 to 28</u> 20	2010-	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  The new name must be distinguishable and contain the words "Limited Liabiletes".		ation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1225 WITH Light of 3	3014
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same a puncipal add	5 Vrl55
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of	the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		1 .
	Enter Florida street address	क <i>ै</i> :
	Florida	
	Cin. 7	in Carlo

### 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> Name **Type of Action** mon 7225 W 11 ct #115 Change  $\square$ Add □Remove \_\_\_\_\_ □Remove \_\_\_\_ □Change □Add \_\_\_\_\_ □Add

□Remove

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
(If an effective Note: If the	date, if other than the date of filing:
If the record sperecord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated <u>c</u>	September 23: 2021.
	Signature of a member of authorized representative of a member  Confel H School Pyclic  Typed of printed name of signee