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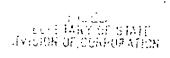
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COVER LETTER

	Registration Se Division of Cor			
CUB IF C	2977 Holdi	ng, LLC		
SUBJEC*	l:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	urn all correspo	indence concerning this matter	to the following:	
		Kenneth L. Minerley, Esq.		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Minerley Fein, P.A.		
			Firm/Company	
		1200 N. Federal Highway,	Suite 420	
			Address	
		Boca Raton, FL 33432		
			City/State and Zip Code	
		ken@minerleyfein.com	to be used for future annual report no	iliantian)
For furthe	r information c	oncerning this matter, please of	·	uncation)
	E.Miller, Esq.	,,	561 362-6699	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	Mailing Addres Registration S		Street Address: Registration S	ection
]	Division of C	Corporations	Division of Co	•
	P.O. Box 632 Fallahassee, 1		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 APR -7 PH 1: 18

2977 Holding, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our ability Company)	records.)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L21000096371</u>	rere filed on 2/26/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, g	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		Florida Zip Code
N. D. Jan J. L. St. St. St. St. St. St. St. St. St. St	Ciţy	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duti ovided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

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 CALLES STATE OF THE AND TO or removed from our records:

MGR = Manager AMBR = Authorized Member

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Title	<u>Name</u>	Address	Type of Action
AMBR	Dominique Boulanger	3972 NW 167th Street	□Add
		Miami, FL 33054	□Remove
			= Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
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			□Remove
			□Change
		_	□Add
			□Remove
			□Change

ending any other information, enter change(s) here: (Attach o	21 APR -7 PM 1: 1
-	-
 	
<u> </u>	
	
	
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ve date, if other than the date of filing:	ng or more than 90 days after filing.) Pursuant to 605
If the date inserted in this block does not meet the applicable statutor ent's effective date on the Department of State's records.	ry filing requirements, this date will not be list
d specifies a delayed effective date, but not an effective time, at 12:01	l a.m. on the earlier of: (b) The 90th day afte
ed.	
4-6	
4-6 2021	
Signature of a member or authorized represe	entative of a member

Filing Fee: \$25.00