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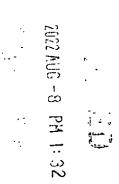
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## **COVER LETTER**

Division of Corpo			
SUBJECT: A Me	Cicao F-L Name of Lim	Carning Acuse	my LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Wilson	Name of Person	
		Firm/Company	
	4129 N	Pine Island R	
	Suncise Wilsonev E-mail address:	City/State and Zip Code  Le la dia & 6 m  to be used for future annual report notifi	ail Com
For further information con	cerning this matter, please ca	all:	
Name of F	Velandia	at ( <u>754</u> ) <u>214</u> Area Code Daytime	3303 Telephone Number
Enclosed is a check for the	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 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

1

110

The Articles of Organization for this Limited Liability Company were filed on _	March 5 2021 and assigned
Florida document number <u>L 2   000   0 70 36</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company $Pat \times PERTS LLC$	9221
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:	. <del>.</del>
(Principal office address MUST BE A STREET ADDRESS)	
	32
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new regis

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

λ

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.

Citv

Enter Florida street address

\_. Florida \_\_\_

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
AMBR	NUBIA E MATIZ	620 Cypress foint Dr	E □Add
		Penbrooke Pins FL	[XRemove
		33027	□Change
AMBR	Andrea Carolina Velan	dia 3801 Crystal Lake	<u>D</u> (≯∧dd
		Apt # 125 Decified	□ Remove
		Boach FL 33064	
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ective date, if other than the date of filing:	1 2022 (optional)
effective date is listed, the date must be specific and cannot be prior to date:  If the date inserted in this block does not meet the applicable	te of filing or more than 90 days after filing.) Pursuant to 605.02
nument's effective date on the Department of State's records.	
	and the second s
cord specifies a delayed effective date, but not an effective time, a s filed.	at (2:01 a.m. on the earner of: (b) The 90th day after t
ed August 4. 2022	
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. . .

Filing Fee: \$25.00