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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: <u>ken</u> a	Name of Lim	MAL TONESTICATION ited Liability Company	os LUC
	Amendment and fee(s) are sub	- -	
Please return all correspo	ondence concerning this matter	to the following:	
	Lauleux E	R KENNEDY Name of Person	
	- KEDNEDY	TATERNATIONIAL Firm/Company	TURSTIGHTOUS
	13413 Fa	Address	
	FORT MY	Ees FL 3390 S City/State and Zip Code	<del></del>
	E-mail address: T	to be used for future annual report noti	fication)
For further information c	concerning this matter, please ca	alt:	,
LAUROCE Name o	P. KENNEDY	at ( <u>330_</u> )_ <u>(+213</u> Area Code Daytim	78 S e Telephone Number
Enclosed is a check for t	he 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:	ction
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

d Liability Company as it now appears on our records A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed onO3	108/21	and as	signed	
Florida document number <u>L21000110890</u> .		, ,			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designa	ntion "LLC" or the	abbreviation "I	L.C."	
Enter new principal offices address, if applicable:		<u>.</u>			
(Principal office address MUST BE A STREET ADDRESS)			2021		
				0.227	
				12823 12823	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)			171. <del>- 2</del>		
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B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our record	ls, <u>enter the na</u>	ame of the ne	w registered	
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida strect address				
		, Florida .			
	City		Zip Code		
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>	<u>Name</u>	Address	Type of Action
MGR	PAFSIELLE MANN	18330 BALLAST POINT DR #2208, FORT MYERS, FL	i\dd
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ffective d	ate is listed, ti	he date must be s	pecific and can	not be prior	to date of filing	g or more th	nan 90 days	after filing.) Purs , this date will	suant to 605.0.
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