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21 AFR 14 PH 3: 34

COVER LETTER

	Registration Se Division of Cor					
eup iec		RETCH, LLC.				
SUBJEC	Name of Limited Liability Company					
The enclo	osed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		NELSON GUERRA				
			Name of Person			
		LONG STRETCH, LLC.				
			Firn/Company	 		
		454 ST. GEORGES CIR.				
			Address			
	EAGLE LAKE, FL 33839					
			City/State and Zip Code			
		NELSON@KEYSTONELO				
		E-mail address: (to be used for future annual report noti	fication)		
For furth	er information c	oncerning this matter, please c	all:			
NELSON	N GUERRA		305 790-1804 at ()			
	Name o	f Person	Area Code Daytim	te Telephone Number		
Enclosed	is a check for th	ne following amount:				
□ \$25.0	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 Addres Registration S		Street Address: Registration Se	ction		
	Division of C		Division of Cor			
	P.O. Box 632	7	The Centre of T	Tallahassee		
	Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 APR 14 PH 3: 34

LONG STRETCH, LLC.

(Name of the Limited 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 on03/08/2021	and	assigned
Florida document number <u>L21000128008</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designatio	n "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a	iddress on our records,	enter the name of the	new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:	*		
New Registered Office Address:			
	Enter Florida street	t address	
		, Florida	
	City	Zip Co	de
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 = Ma AMBR = Au	nager thorized Member		TWIND OF SCHOOL AND	
<u>Title</u>	<u>Name</u>	Address	21 APR 14 PM 3: 34	Type of Action
MGR	NELSON GUERRA	454 ST. GE	EORGES CIR. EAGLE LAKE, FL 33839	\ Add
				□Remove
				Change
AMBR	NELSON GUERRA	454 GEAGLE	ST. GEORGES CIR.	ZAdd
				□Remove
				Change
				□Add
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______ □Remove

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- Melanga	
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Signature of a member or authorized representative of a member	1
NELSON GUERRA (/	