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(Ac	ddress)	·
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COVER LETTER

TO:	Registration Sec Division of Corp			i
SURJE	الات: أستراري بين أ	Name of Limi		4
0000		Name of Limi	ted Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	idence concerning this matter (to the following:	
		1-1, 11 1 Tou	Name of Person	
			Name of Person	
			Firm/Company	
		reducid	Address	
		Hartings it.	(일 시민구) City/State and Zip Code	
٠		E-mail address: (t	o be used for future annual report notific	ation)
For fur	ther information co	ncerning this matter, please ca	dt:	
17/10	itti I	<u>ch</u> ei	at (//) Area Code Daytime 1	·
	Name of	Person	Area Code Daytime	elephone Number
Enclose	ed is a check for the	e following amount:		
⊠.\$ 2:	5.00 Filing Fec	☐ \$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 Registration S		Street Address: Registration Secti	ion

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

Manager State Company of the Company	norm on our records \
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	y)
	,
The Articles of Organization for this Limited Liability Company were filed on	cB134/2021 and assigned
Florida document number 1 210 1 10 10 10 10 10 10 10 10 10 10 10 10	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here.
The new name must be distinguishable and contain the words "Limited Liability Company," the	
The new name must be distinguishable and contain the words "Limited Liability Company," th	e 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 address 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:	lorida street address
Enter 1	
	, Florida Zig Zip Code
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	類で一
I hereby accept the appointment as registered agent and agree to act in thi	s 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	i Chapter 605, F.S. Or, if this dooument is
being filed to merely reflec: a change in the registered office address, I her	reby confirm that the limited liability
company nas neen notitiea in writing of this change.	~~~

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
			Remove
			□Change
			□Remove
			Change
			□Remove
			□Change
			□Remove
			□ Remove
			□Change
			□Remove
			□Change

Note	tive date, if other than the date of filing:
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	1 NN- arecommended, commended, co
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00