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Y. SCOTT JAN 2 5 2022

COVER LETTER

TO: Registration Se Division of Cor								
SUBJECT: All	Things Preth	J PR WROW LLC ited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub-	mined for filing.						
Please return all correspo	ondence concerning this matter	to the following:						
	Alexan	Name of Person						
		Firm/Company						
		Address Address Address Alerdale FL 333 City/State and Zip Code Canicolediat@gm to be used for future annual report notion	SECRETARY OF STATE OF	7022 JAN 14 PM 2: 02				
For further information c	concerning this matter, please ca	all:	i i i i i i i i i i i i i i i i i i i	12				
Name o	of Person	at ()	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)	y Certificate of Status &					
Mailing Address Registration Division of C	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations					

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Himited Liability Compar	
(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company	were filed on $3/29/2021$ and assigned
Florida document number <u>L21000145333</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 Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be not contain the words "Limited Liability of the new name must be not contain the words "Limited Liability of the new name must be not contain the words "Limited Liability of the new name must be not contain the words "Limited Liability of the new name must be not contain the words "Limited Liability of the new name must be not contain the new name must be not contain the new name must be not contain the new name of the new name	ty 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)	NA
	短 N T
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	NIA SEC
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	NA
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 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 or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action **Title** Name **Address** \square Add Remove Change \square Add Remove Change Add \square Change \square Add □ Change \square Add □Remove □ Change _ □Add □Remove

□Change

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ecord s	specifies a del l.	layed eff	ective dat	e, but not	an effect	ive time,	, at 12:01 :	i.m. on the	earlier of:	(b) The 90	0th day	after the
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Filing Fee: \$25.00