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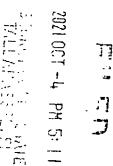
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates of	Status
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

SUBJECT: Cassel berry Dojo, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Teresa Tran	
Ms Hi Satstation	
9436 Walnut Crest Drive	
Orland, FC 32832	
misopel @ sush; patstation. com	
For further information concerning this matter, please call:	1
Name of Person Area Code Daytime Telephone Number	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Total	j
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{S60.00 Filing Fee}\$. \$\times \text{Certified Copy} (additional copy is enclosed)}\$\$	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Casselberry I	oojo, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) hability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>U21400150137</u> .	were filed on 3/31/21	and assi	gned
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 Liabili			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1052 FL - C Casselborny, F	136	107
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 agent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	ame of the new	registered
Name of New Registered Agent:	100	17/10	
New Registered Office Address:	Enter Florida street address		ग
	, Florida		7
	City	Zip Code	7
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
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			Change
			□Add
			□Remove
			□Change
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