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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: pl/vesis Benzel	Frank extremen	or Het Commen
Name of L	imited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendment and fee(s) are s	ubmitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
FRIC BE	Name of Person	. .
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	1 min Company	
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Alinni F	233455 City/State and Zip Code	
E-mail address	s: (to be used for future annual report notific	eation)
For further information concerning this matter, please	e call:	
ERIO BRAZZET	35 290-0	196
Name of Person	at (3:5) 390-07 Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:		
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
Certificate of States	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Os. Salt.	
Mailing Address: Registration Section	<u>Street Address:</u> Registration Sect	ion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u> \ 21000150450</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1/411 dew. 179	Yi of
(Principal office address MUST BE A STREET ADDRESS)	1/411 N.W. 1719 AliAmi F/ 33.	c 5 5
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:	address on our records, enter th	ne name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	hinton blouids etuant address	
	Enter Frontag Street dataress	

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			-Signature	of a member or	authorized r	epresentativ	e of a member		
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