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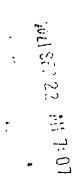
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TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

J¥1, S. 1 22 AN 7: 07 The Articles of Organization for this Limited Liability Company were filed on OY 07 2021 and assigned Florida document number _21000160574 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 designation "LLC" or the abbreviation "LLC." 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: Enter Florida street address

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.

City

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 - 1 Sc. 22 Riv 7: 07	Type of Action
AMBR	Hilda Vidoria Lafayette	Address - 1 St 22 Av. 7:07 3404 SW Addison Ave	EAdd
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ffective date, if other than the date of filing:	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note: If the date inserted in this block does not meet the a	applicable statutory filing requirements, this date will not be listed as
document's effective date on the Department of State's rec	eords.
record specifies a delayed effective date, but not an effect d is filed.	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated September 20th. 20	02.\
Signature of a member of	or authorized representative of a member

Filing Fee: \$25.00