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COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Cor		
SITRIE	ct. V	ERG ØI : L-L-C Name of Lin	
		Name of Lin	nited Liability Company
The en	closed Articles of	Amendment and feets) are sub	omitted for filing.
Please	renim all correspo	ondence concerning this matter	to the following:
1		L	Name of Person
		MUP PE	Firm Company
		TOOO SUAUCE	Address
		<u>Coovernos</u>	City State and Zip Code :
		ALEX @ pappr E-mail address:	- C-ROUP - CODA (to be used for future annual report notification)
For fu	ther information c	oncerning this matter, please o	rall:
	Name o	neutla of Person	at (467) 951 5511 Area Code Daytime Telephone Number
Enclos	ed is a check for t	he following amount:	
€ 83	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	U \$55.00 Filing Fee & S60.00 Filing Fee. Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration 5 Division of C P.O. Box 632	Section forporations	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 **OF**

(Name of the Limite	d Liability Company A Florida Limited Lia	as it now appears on our bility Company)	records.)		
The Articles of Organization for this Limited Lie Florida document number <u>L 21000 164</u> .		ere filed on <u>Oi+</u> - 0 \$	3-2021	and a	ssigned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of					
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the designation	"LLC" or the a	bbreviation "	L.L.C."
Enter new principal offices address, if applica (Principal office address MUST BE A STREE)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>8<i>0</i>.V)</u>				
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office ad <u>s here</u> :	dress on our records.	enter the har	ne of the n	ew registere
Name of New Registered Agent:	_Aeron_	STEVENS		1	<u>.</u>
New Registered Office Address:	1000 Se	NACITA CONPET Enter Florida street	206 address	- A 11:	
	<u>congrass</u>	9	_, Florida _	3817-57 -Zip Code	<u>5</u>
New Registered Agent's Signature if changing R	legistered Agent:	•		•	\cdot

Thereby 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
MUR	ALEX Lokhnauth	1000 SAVAGE COURT, 200	□Add
		Longwoon, A 32750	ÆRemove
16R_	ANTONIO SCHIANO	1000 SAYAGE COURT, 200	Z Add
		Longwoon, FL 32750	□Remove
			□Change
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an effective date is listed, the date mus ote: If the date inserted in this blocument's effective date on the Do	ock does not meet the aj	pplicable statutory fi	more than 90 days after ling requirements, this	illing.) Pursuant to 605.0 date will not be listed
record specifies a delayed effectiv is filed.	e date, but not an effect	ive time, at 12:01 a.i	n, on the earlier of: (b)	The 90th day after
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nted <u>July 0/</u>	/	<u> </u>		
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