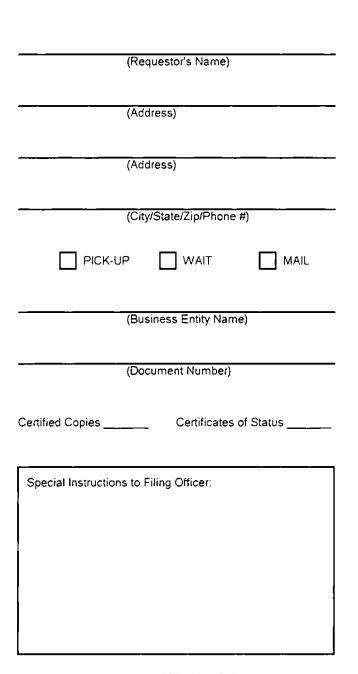
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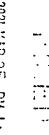
Office Use Only



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COVER LETTER

TO: Registration Division of C	orporations	, ,	
SUBJECT:		OCKOLIF Re	Par LIC
The enclosed Articles (of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	James B5x Gr	Name of Person Name Of Person Firm/Company	le pain ILC
		Firm/Company	······
		th Universit	
		City State and Zip Code TAX (2) YAH 00 10 to be used for future annual report noti	
Ear further information	concerning this matter, please ca		
	^	at (<u>991</u>) <u>871</u> Area Code Daytim	- 15 7 1 e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 OF

(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on	
Florida document number <u>L21 00017 4513</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company Superson Fues Solution The new name must be distinguishable and contain the words "Limited Liability Company," the	- '
Enter new principal offices address, if applicable:	2
(Principal office address MUST BE A STREET ADDRESS)	224
- <u></u>	AR 25
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter F	lorida 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

_, Florida ___

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
<u>(FU</u>	TERY MEUS	4222 INVERRACY BIVD	🗆 Add
	l		
		# 4807 LAUDER HILL FL 333	<u> </u>
			□Add
			⊡Remove
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ffecti	we date, if other than the date of filing:
an effe ote:]	etive date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed (
	ent's effective date on the Department of State's records.
record is tile	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
1 15 1110	AG.
ated	01-16-7024
aicu _	
	Signature of a member of authorized representative of a member AM & A EXAMPLE Typed or printed name of signee

Filing Fee: \$25.00