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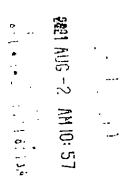
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia	bility Company as it now appears on our records.)			
(A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)			
The Articles of Organization for this Limited Liabilit	y Company were filed on $04/16/202$		and assi	igned
Florida document number <u>L2[000]7683</u>	<u>8</u> .			
This amendment is submitted to amend the following	<b>;</b> :			
A. If amending name, enter the new name of the l	limited liability company here:			
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or t	he abbrevi	iation "L.l	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST <u>BE A STREET AD</u>	ODRESS)			<del></del>
		-	:40	
Enter new mailing address, if applicable:		<del>.</del>	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>	Æ.	· · · · · · · · · · · · · · · · · · ·
		<u>.</u> ,	1	··- <u>-</u>
B. If amending the registered agent and/or registe		name of	the new	registere
agent and/or the new registered office address her	<u>e</u> .		5	
		ï		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
<del></del>	Florida			
	City	2.	Lip Code	

## 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>	<u>Address</u>	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(h. <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 30 2021

Signature of a member or authorized representative of a member

Fabiline Jean - Lous
Typed or printed name of signee

Filing Fee: \$25.00