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(Re	equestor's Name)	<u> </u>
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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A. BUTLER APR 1 1 2022

Division of Cor	porations		
SUBJECT:	CETTFY Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
•			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kevi	Name of Person	
		Firm/Company	
		s Olas Blud Address	
	Fort Lauch	City/State and Zip Code City/State and Zip Code CG-+F to be used for future annual report no	3301
	E-mail address: (to be used for future annual report no	offication)
For further information (concerning this matter, please ca	all:	
Kevin	Junes	at (<u>954)</u> 78	37 - 8073 me Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 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 Addre Registration	Section	Street Address: Registration S Division of C	
Division of O P.O. Box 63	-	The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Moni	oc Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section

TO ARTICLES OF ORGANIZATION OF

(Gr+F-1	11.0			LLED
(Name of the Limited Liability Co. (A Florida Lin	ompany as it nov	w appears o	on our records.	122 MAR 28 AM 11: 2
he Articles of Organization for this Limited Liability Comp				ECRETARY OF ASIME
Torida document number <u>L21000182689</u> .	-			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability comp	pany here	:	
The new name must be distinguishable and contain the words "Limited	Liability Compan	y," the desig	gnation "LLC" c	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRES.	<u>s) </u>			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
				
3. If amending the registered agent and/or registered off gent and/or the new registered office address here:	ice address o	n our reco	ords, <u>enter th</u>	e name of the new reg
Name of New Registered Agent:				
New Registered Office Address:		nter Florida	street address	
			Fl*	· F
	City		, rion	ida Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:			
hereby accept the appointment as registered agent and	agree to act i	in this cap	pacity. I furth	ner agree to comply wi

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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Latoya Malcolm	1012 Sw 25th AVE	(V) Add
		Fort Landerdalt, FL 33312	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Add
			□Remove
			□Change

. II AIIIÇNU	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
If an effective Note: If t	date, if other than the date of filing:
e record sp rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	March 21 st 2022.
	Signature of simember or authorized representative of a member
	Kevin Jones
	Typed or printed name of signee