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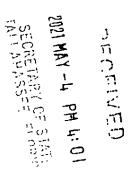
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: DEBE	DRAH A CLA	HEK Dabrows Fited Liability Company	KI LLC
3000001. <u></u>	Name of Lim	ited Liability Company	
The enclosed Articles o	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
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	DERAKAH	Ann DABROL	4)5 K T
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	10128 Cel	tic Ash Dr. Address	
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For further information	concerning this matter, please or	all:	
Slethi a	Clah Dabres of Person	mle at (813, 417)	7-1405
Name	of Person	Area Code Da	lytime Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	El \$55.00 Filing Fcc & Certified Copy	S60 00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(necitional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 HAY -4 AM 9: 30 DEBORAH A CLARK DABROWSKI LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 20, 2021 and assigned Florida document number L2/000/84482

EIN-CHANGED TO: EIN: 86-3550/3/
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: Ruskin Florida Street address

Ruskin Street Ash DR

Ruskin Street Ash DR

Zio Code New Registered Office 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 hability 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 = M $AMBR = A$	lanager Authorized Member	2821 HAY - 4 AH 9: 30	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DEBORAH ANN DI	abrowski	□ Add
		10128 Celtic Ash Ruskin, FL 335	DR C Remove
		Ruskin, FL 335	73 Change
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the record s) The 90th	specifie 1 day af	s a delayed (ter the recor	effective of is filed.	date, but n	ot an effe	ctive time	, a t 12:01 i	a.m. on the	earlier of:
Dated 5					<u> </u>				
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Typed or printed name of signee

Filing Fee: \$25.00