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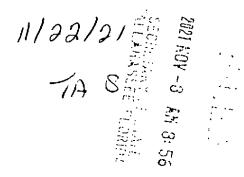
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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
eun ir c	Alcian, LL0	C		
SUBJEC	.I:	Name of Limit	ed Liability Company	
The encl	osed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please re	turn all correspo	ndence concerning this matter t	o the following:	
		Anh Pham		
			Name of Person	
		Alcian, LLC		
			Firm/Company	
		13876 SW 56th ST #223		
			Address	
		Miami, FL 33175		
			City/State and Zip Code	
		akp@alcian.co	o be used for future annual report	notification)
For furth	ner information o	concerning this matter, please or		
Anh Pha			786 321-060 ⁰	0
Amra		of Person	at ()	vtime Telephone Number
	rume	71.000		•
Enclosed	d 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	<u>ss:</u>	Street Address	
	Registration	Section	Registration	Section Corporations
	Division of C P.O. Box 63:			of Tallahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alcian, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 04/23/2021	and assigned
Florida document number L21000189401		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" of	or the abbreviation "L.L.C."
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)		2021 NOV
		, G
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>enter ti</u>	the transfer true new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	-ida
	City	Zip 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Anh Khoa Pham	13876 SW 56TH ST #223, Miami, FL 33175	= Add
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ageument's effective date on	ne Department of 5	tate 3 records.				
	avad affaativa d	late, but not	an effective ti	me, at 12:01	a.m. on the e	arlier o
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the record specifies a del The 90th day after the Dated Oct 29	record is filed.	2021	zed representative	of a member		_

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Filing Fee: \$25.00