(Re	equestor's Name)	
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COVER LETTER

TO: Registration S Division of Co		cial and Recident	sial Aeaning LCE	
SUBJECT: <u>la</u>	nny 'S Comme Name of Line	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Bouniel o	Cuerrers Fort 7 Name of Person	<u>, </u>	
	ilanny's	Commercial and Firm/Company	Tecidencial electing L	LĆ
	944 Whate	Nem's hav Of 1995	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>	ARR FL 34741 City/State and Zip Code		
	E-mail address: (to be used for future annual report notif	H fication)	
For further information	concerning this matter, please c	all:		
Cantel C	GUERREN'S GATE	at (407) 453 - Area Code Daytime	8647 e Telephone Number	
Enclosed is a check for t	the following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee.& Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre	·««·	Street 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

FILED 2022 APR 20 PM 1: 22

(Name of the Limited Liability Company (A Florida Limited Lia	v as it now appears of ability Company)	nurrecords.) ALLAMASSEE, TLORID.
The Articles of Organization for this Limited Liability Company w	vere filed on(0.5/11/2021 and assigned
Florida document number LZ1000106850.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here	:
The new name must be distinguishable and contain the words "Limited Liability Control of the contain the words "Limited Liability Control of the contain the words "Limited Liability Control of the cont	「アミ」 de y y Company," the desi	gnation "LLC" 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)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our rec	ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	a street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of n rovided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
منتهدن			⁻ □Add
		· · · · · · · · · · · · · · · · · · ·	Remove
MGR	karen Lizeth sousteg	ui cruz	l 'Add
		944 Whale hone bay	🗆 Remove
		Gr Kissimmer IL	Change
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Note: If i	date, if other than the date of filing: (optional) we 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at seffective date on the Department of State's records.
e record s 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 th
Dated	011/20/22
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00