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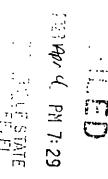
(Requestor's Name)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	

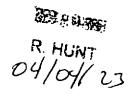
Office Use Only



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### **COVER LETTER**

TO: Registratio Division of	n Section Corporations	imi braidquee	2.
SUBJECT:	Miami B	TOLD DUPL	nllc
The enclosed Article	s of Amendment and fee(s) are subn	nitted for filing.	
Please return all corr	espondence concerning this matter to	o the following:	
	Dertish	Name of Person	·
	Miam	Braid Q	uren / LC
	845 N.n	) 110 St Uni	+ C
	Mian, F Dartista E-mail address: (to	City/State and Zip Code  Olicital 2 City  o be used for future annual report not	Loud, com
For further informati	on concerning this matter, please ca	11:	
Dartis	sher Dolkwol	at (184) 502	-0103
Na Na	me of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check t	for the following amount:		
□ \$25.00 Filing Fe	ce S30.00 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 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

(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 May 22, 303 and assigned Florida document number 22,000,213,930  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)    Symmothy   Sy				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  845 Nw 110 St Clot.  MicmiFC 33168				
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:    Mame of New Registered Agent:				
St. D. L. L. D. C. L. D.				

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			Remove
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D. If amending any other information, en	nter change(s) here: (Attach additional sheets, if necessary.)
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E. Effective date, if other than the date of (If an effective date is listed, the date must be spec Note: If the date inserted in this block doe document's effective date on the Department.	s not meet the applicable statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective date, becord is filed.	out not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 6/23/23	·
Signatui	re of a member or authorized representative of a member
Dart	1Sha Dollard Typed or printed name of signee

EU E 005.00