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COVER LETTER

Division of Corpora	itions		
SUBJECT:	Amakva Name of Limit	ted Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all corresponder	nce concerning this matter to	o the following:	
-	Delise J	Name of Person	
-	Ander	Firm/Company	
-	3235B G	arden St Address	
<u>-</u>	Titusuil!	City/State and Zip Code 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	~~~~
For further information conce			i nonneador)
Name of Pen	shas	a ₁ (34) <u>45</u> 8	-2557 sytime Telephone Number
Enclosed is a check for the fo	llowing amount:		
≅ \$25.00 Filing Fec □	330.00 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)

TO:

Registration Section

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 OF

(Name of the Limited	Liability Compan Florida Limited L	y as it now appears ability Company)	on our records.)	
The Articles of Organization for this Limited Liab	oility Company (were filed on <u>5</u>	12/2021	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	he limited liabi	lity company hei	<u>'e</u> :	
The new name must be distinguishable and contain the word	ds "Limited Liabili	ty Company," the de	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET.	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or reg		ddress on our re	cords, enter the name	of the new registered
agent and/or the new registered office address	here:			
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Flori	da street address	
		<u></u>	, Florida <u> </u>	70.00
New Bogistaned Acoustic Cionestone if shanging Do	aistored tacut.	City		Zip Code
New Registered Agent's Signature, if changing Regard I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the registering of this change in the second party has been notified in writing of this change in the registering property is a second party has been notified in writing of this change in the registering property is a second party has been notified in writing of this change in the registering property is a second party and the registering provides the registering provides a second provides a seco	agent and agre and complete ered agent as p gistered office	performance of i rovided for in C	ny duties, and I am fa hapter 605, F.S. Or., j	miliar with and f 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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
Mbr	Brien Woodriggen	1635 Davis Dr Merritt Island, Al	□ Add
		Merritt Island, Al	\delta Remove
		38727	□Change
		 	□Add
			□Remove
			□ Change
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			□Remove
			□Change

	<u> </u>
Effec	tive date, if other than the date of filing: $\frac{10}{18}$
(If an c	ffective 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 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ment's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
ord is	med.
Data	u October 18 , 2021.
Date	, 2007
	The second secon
	Signature of a member or authorized representative of a member