LZ1 000225690

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COVER LETTER

TO:	Registration of				*	,
er:b II		ENT LL	С	•	•	
SUBJI	:ci:		Name of Lim	ited Liability Company		
The en	closed Articl	es of An	nendment and fee(s) are sub	mitted for filing.		
Please	return all cor	rrespond	ence concerning this matter	to the following:		
			Gerry Acevedo, CPA			
				Name of Person		
			Acevedo & Company, LLG	C		
				Firm/Company		
			1775 S Kings Avenue			
				Address		
			Brandon, FL 33511			
				City/State and Zip Code		
			gerrya@aci-cpa.com	to be used for future annual re	nort positication)	
For fur	ther informa	tion con	cerning this matter, please ca		, and the state of	
Gerry	Acevedo, CF	'A		813 689 at ()	5370	
	N	ame of Pe	erson	Area Code	Daytime Telepho	ne Number
Enclos	ed is a check	for the f	following amount:			
■ \$2	5.00 Filing F	ee	□ \$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 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 Con	npany as it now appears on our reco	rdy.)
(A Florida Limite	ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L21000225690</u> .	iny were filed on May 14, 2021	and assigned
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 "LI	.C" 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 offic agent and/or the new registered office address here:	ce address on our records, <u>ente</u>	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ress
	<u></u> , I	Florida Zip Code
	•	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent of	ete performance of my duties,	and I am familiar with and

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

1

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□Remove
		·	□Add
			Remove
			Change
	 		□Add
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			Change
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f an e'flect Note: If	date, if other date is listented the date inset in the date inset is effective.	ed, the date n erted in this	nust be specifi block does	c and canno not meet th	ie applicab	date of filing le statutory	or more than filing requi	(option 90 days after rements, this	onal) filing.) Pursuan date will not	t to 605.0207 (3 be listed as th
e record s rd is filed		layed effec	tive date, bu	t not an ef	fective time	e, at 12:01 a	i.m. on the	earlier of: (b) The 90th d	ay after the
Dated	ay 25.	1/20	<u> </u>	201	21					
		<u> </u>	Signature	11-	er or authoric	ed represent	ative of a me	ember		
	∠			a memor						

Filing Fee: \$25.00