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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: <u>LUA</u>	ningham P	LEANING L	-10	
	y wante of tanne	eet Macanty Company		
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return all correspon	dence concerning this matter t	o the following:		
	Stephen	Cunninsh A Name of Person	m	
	Cunninghi	em ClEAN, Firm/Company	1115	
	19752 NW	59 to Place	<u>e</u>	
	HIALEAH	Address		33015_
	MART 1622 E-mail address: (1	City/State and Zip Code DELLSOUTH o be used for future annual	report notific	cation)
For further information co	ncerning this matter, please ca		1	
<i>.</i>	- ·		3/1/-	10.3/2
Name of	Person	at (<u>Jac</u>) Area Code	Daytime	Telephone Number
Enclosed is a check for the	e following amount:			
X \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Division The Ce 2415 N	ration Section of Corportre of Ta	orations Allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cunningham CLGANIA	ig LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	Yas it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on MAY 21, 202	and assigned
Florida document number <u>L21000,238277</u>		
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 Liabili	ty Company," the designation "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 a	ddress on our records, enter the na	ime of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		<u>:</u> _
New Registered Office Address:		<u></u>
	Enter Florida street address	t t
	, Florida	Zip Code
No. Desired Access City of the Control of the Contr	Cuy	zą 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 accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I ai rovided for in Chapter 605, F.S. (n familiar with and Fr. if this document is

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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00