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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Nand	the 110		
SUBJECT: _INU[FIDE	Name of Limite	d Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Fernar	ndo G. Mayers Name of Person	
		Firm/Company	MW-Pharacter
	322 1Hh Ave	Address	
	Hallandal	City/State and Zip Code Ling Egmal / Con be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca		
Name of	Person	at ()	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$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

Nand	Los LLC Liability Company as it now app	wars on our records.)		
(Name of the Littinted I	Florida Limited Liability Compan	(y)		
The Articles of Organization for this Limited Liabi		06/01/202	and assi	gned
Florida document number <u>L21000251</u>	<u> 951</u> -			
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited liability company	<u>v here</u> :		
The new name must be distinguishable and contain the word	s "Limited Liability Company," t	he designation "LLC" or the a	bbreviation "L.I	C."
Enter new principal offices address, if applicable	le:	•		
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BC	<u></u>			
			= 3	
				Herries Estanos
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on o here:	ur records, enter the na	Me or the nev	v registereu
	_ 1		AH III:	m
Name of New Registered Agent:	Fernando	6. Mayer	N =	
New Registered Office Address:	Ente	r Florida street address	<u>m</u> 0	
		, Florida		
	City		Zip Code	

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.

Fernando G Mayers

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>	<u>Name</u>	Address	Type of Action
ANBR	Ra Carca Burgess	2833 S Adams St	
		2833 S Adams St Tallahassce, FL 32	30/ □Remove
			Z Change
			□Add
			□Remove
			□Change
			🗆 Add
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ective d	ate if other than	the date of filing	, .		(on	tional)	
ı effective	ate, if other than date is listed, the date	must be specific and	cannot be prior t	o date of filing or m	ore than 90 days aff	ter filing.) Pursuant	to 605.020
	date inserted in thi effective date on th			ole statutory min	g requirements, t	nis date will not t	se nsted a
	cities a delayed effe	ctive date, but not	an effective tir	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th da	y after the
is filed.							
rod //	111/2021						
.cu <u> </u>	1/11/2021 RAC	······································		_ ·			
	KAL	ARIA I	BURG	ESS			
-		Signature of all	member or autho	rized representative	of a member		