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DIVISION OF CONFIDENCE AND A 2023 OCT 17 PM 12: 1.0



COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: ASN'S UCYYON Entrops LLC. Name of Limited Liability Company		
The er	closed Articles of Amendment and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	ASIA () () () () () () () () () (
	Firm/Company NSB 11 Topy Tax Address	2023 OCT 17 PM12: 40	
	City/State and Zip Code Discord For the Gentle Count E-mail address: (to be used for future inmual report notification)	PMI2:40	
For fu	ther information concerning this matter, please call:		
<u></u>	Shell Unmayoro at (334) 672-5612 Nume of Person Area Code Daytime Telephone Number		
Enclo:	ed is a check for the following amount:		
¥į́.s:	(additional copy is enclosed) Certified	e of Status &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ashing Tonamo	DENRYME, UL	
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) led Liability Company)	_
The Articles of Organization for this Limited Liability Compa	any were filed on <u> </u>	and assigned
This amendment is submitted to amend the following:		and assigned and assigned and assigned Compared to the abbreviation "L.L.C." A Physical Reports of the abbreviation "L.L.C." Physical Reports of the abbreviation "L.L.C." A Physical Reports of the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words. Limited Li	.(
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS,	<u> </u>	
		2023
		130 180 180 180 180 180 180 180 180 180 18
Enter new mailing address, if applicable:	NIA	SAT SAT
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	<u>P</u> 220
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		10
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, enter the nam	e of the new registered
agent and of the new registered office address here.		
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	N/A	
	Enter Florida street address	
	, 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.

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
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ctive date, if other than the date of filing: (options	ıl)
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this days	ng J Pursuant to 605
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ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) filed.	The 90th day after
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detaber 10th, 2013. 23gpm	
(Carolina de la Companya de la Comp	
Signature of a member or authorized representative of a member	