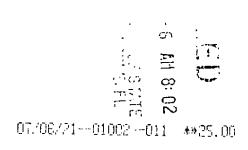
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	. #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:, Registration Division of C			
FYREFO) LLC		
30BJECT:	Name of Lir	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
	spondence concerning this matter	Ç	
	MARQUETTA LEE		
		Name of Person	_
	FYREFO LLC		
		Firm/Company	
	15202 NW 147TH DRIVI	E. SUITE 1200 #176	
		Address	
	ALACHUA, FL. 32615		
	•	City/State and Zip Code	
	FYREFO2021@GMAIL.C		
	E-mail address:	(to be used for future annual report not	ification)
For further information	concerning this matter, please o	rall:	
MARQUETTA LEE		352 339-3455	
Name	e of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr		Street Address:	
Registration	Section Corporations	Registration Se	
P.O. Box 63		Division of Cor The Centre of T	•
Tallahassee.			e Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FYREFO LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records. odity Company))
The Articles of Organization for this Limited Liability Company we	ere filed on <u>06/09/2021</u>	and assigned
Florida document number L21000268602		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" of	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 add agent and/or the new registered office address here:	lress on our records, <u>enter th</u>	e name of the new register
agent und/of the new registered office address here.		: 02
Name of New Registered Agent:	<u>-</u> .	171
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	City	Zio 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 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>	<u>Address</u>	Type of Action
MGR	MARQUETTA LEE	7901 4th ST N STE 300	
		ST. PETERSBURG, FL. 33702	_
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			TChunga

				<u> </u>
				
				
			-	
				
		<u> </u>		<u> </u>
ffective date, if other than the an effective date is listed, the date muote: If the date inserted in this becument's effective date on the I	ist be specific and cannot be prio lock does not meet the appli	cable statutory filing requir	(optional) 90 days after filing.) Pursuant to ements, this date will not be	o 605.020° : listed as
	ve date, but not an effective t	ime, at 12:01 a.m. on the e	arlier of: (b) The 90th day	after the
record specifies a delayed effectivistilled.				
record specifies a delayed effective is filed. Ited	2021	·		
is filed.	· 2021	orized representative of a mer	iher	_
