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PICK-UP WAIT MAIL			
(Business Entity Name)			
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COVER LETTER

TO: Registration So Division of Con				
SUBJECT: Anin	ne Head Z	l I Č		
SUBJECT: ATTAC		ited Liability Company	····	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Diego	Name of Person		
	•			
	Anime He	Firm/Company	·····	
		runecompany		
	20951	Lia Jasmine Apt.	3	
			_	
	Bocalo	ton, Florida, 2 City/State and Zip Code	53428	
	E-mail address: (t	Liego DI Quail COM	fication)	
For further information of	concerning this matter, please ca	all:		
Diego H	alla	ar (6601)	79-9844	
Name o	of Person	at (50) 236 U	e Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fec & 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:		Street Address:		
Registration Section		Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	141994 - max
A nime Head Z (Name of the Limited Liability Comps (A Florida Limited	21 JUN 21 PM 2: 28 Any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 21000269346</u> .	were filed on $06/04/202$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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 agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent: -	
New Registered Office Address:	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = AMBR =	Manager Authorized Member		The state of the s	
<u>Title</u>	<u>Name</u>	<u>Address</u>	21 JUH 21 PM 2: 28	Type of Action
MGR	Diego Moyano	20951 V	ia Jasmine Apt.3	vdAdd
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D. If amending any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)
	21 JUN 21 PM 2: 28
	•

E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and ca Note: If the date inserted in this block does not med document's effective date on the Department of State	(optional) unnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) et the applicable statutory filing requirements, this date will not be listed as the te's records.
If the record specifies a delayed effective date, but not ar record is filed.	n effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated June 16	mber or authorized representative of a member
Diego Mo	Yall) yped or printed name of signee