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COVER LETTER

TO:

	ion Section of Corporations		
SUBJECT:	arolyn Estephar	0,,11(
SUBJECT:	Name of	Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are	e submitted for filing.	
Please return all co	rrespondence concerning this ma	atter to the following:	
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	<u> Carol</u>	WOONE Name of Person	
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Enclosed is a check	c for the following amount:		
☑ \$25.00 Filing	-	is Certified Copy Certif	0 Filing Fee, ficate of Status & fied Copy
			onal copy is enclosed)
Mailing A		Street Address:	
_	tion Section of Corporations	Registration Section Division of Corporations	
P.O. Bo Tallahas	x 6327 ssee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suit	e 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carolyn Estephany	ty Company as it now appears i Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability C Florida document number <u>L2100027392</u>	Company were filed on		and assigned	
This amendment is submitted to amend the following:				L.L.C."
A. If amending name, enter the new name of the limi	ited liability company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the des	signation "LLC" or the abbrevi	ation "L.L.C."	
Enter new principal offices address, if applicable:			. <u> 3</u>	
(Principal office address MUST BE A STREET ADDR	RESS)	<u> </u>	02 2 DΞ(
		· ·	2	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<u>-·:</u>	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our rec	cords, <u>enter the name of</u>	the new registe	<u>rec</u>
Name of New Registered Agent:				-
New Registered Office Address: Enter Florida street address				
		Florida		
	City		ip 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>	Address	Type of Action
MGR	Stephanie Piza	1124 N Sherbourne Dr. Apt	4 De Add
	·	West Hollywood, CA 90069	□Remove
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mending any other information, enter change(s) here: (Attach ad	
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutory	
iment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 a	i.m. on the earlier of: (b) The 90th day a
filed.	
a 12 01 2022	
Signature of a member or authorized represent	lative of a member