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2022 FEB 22 PM 2: 47
SECRETARY OF STATE

A. BUTLER MAR 1 - 2022

COVER LETTER

TO: Registration S Division of Co			
MODUC I	LLC		
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	MARTIN ROSENOW		
	<u></u> .	Name of Person	
	ROSENOW LAW PA		
		Firm/Company	
	3336 VIRGINIA ST		
		Address	
	COCONUT GROVE / FLO	ORIDA / 33133	
		City/State and Zip Code	·
	E-mail address: (to be used for future annual rep	ort notification)
For further information	concerning this matter, please c	all:	
MARTIN ROSENOW		305 856-0	058
Name	of Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Add	
Registration Division of 0			on Section of Corporations
P.O. Box 63			e of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION **OF**

FILED

MODUC LLC

2022 FEB 22 PH 2: 47

(Name of the Limited Liability Company as it now appears on our records) E IAAY UF SIATE
(A Florida Limited Liability Company) TALLA BASSEE ET TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on $\frac{06/21/2021}{1}$ and assigned Florida document number 1.21000286012 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _ City 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
AMBR	OTERO MOVILLA, JOSE	7301 BROWN PELICAN CT	≣ Add
		WINTER GARDEN, FL 34787	□Remove
			□Change
		 -	□Add
			□Remove
			Change
		 	
			□Remove
			□ Change
		<u></u>	□Add
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			Change

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n effective date is li te: If the date iπ	other than the date of isted, the date must be species of the date in this block doore date on the Departmoner.	ific and cannot be prices not meet the appli	cable statutory filing		ling.) Pursuant to 605.020
cord specifies a s filed.	delayed effective date, l	but not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
ed	7 16	2022			
		/h			
	Signatu	re of a member or aut	horized representative (of a member	
	j	x/10/2 2	ofwww		

Filing Fee: \$25.00