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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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Special Instructions to Filing Officer:

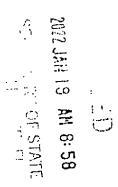
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	gov 5 Indu Name of Limi	ISTYICS UC	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Brian	Name of Person	
	<u> Category</u>	5 MUSTNES Firm/Company	o LC
	Lololoa Hill	Side Un	
	<u>lahe</u>	WOrth FL, 33 City/State and Zip Code	462
	CCTCC Y E-mail address: It	55huHerscom	ation)
For further information co	ncerning this matter, please ca	all:	
Brank Y	1000SHO Person	at (SQL) 177. Area Code Daytime	249 Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & 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:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ Category 5	Industr	ies LC		
(Came of the Finite	A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L210029</u> 1	ability Company <u>6790</u> .	were filed on <u>6</u>	25/21	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, <u>enter the new name of</u>	the limited liab	oility company here:		
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the design	ation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applica <u>Principal office address MUST BE A STREE</u> 1		7150 N.S	encrest Bl	vd
	, in a ready		- 	
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE B	(OX)			
3. If amending the registered agent and/or re gent and/or the new registered office address	gistered office a <u>here</u> :	address on our recore	ds, <u>enter the name of</u>	the new registered
Name of New Registered Agent:				
New Registered Office Address:	71501	J. SCACYCS Enter Florida sti	SH BIVO SH	A
	lan	tona City	Florida	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>	<u>Address</u>	Type of Action
MGR	bran hobosho	7150 N. Seacrest-Blue	Ĵ_ □Add
		Lantan, F1, 3346	<u>2</u> □Remove
		 	Change
			□Add
			□Remove
			□ Change
			□Add
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			□Change
			□ Add
			□ Remove
			Change

lfam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
lfan e <u>Note:</u>	tive date, if other than the date of filing: (optional) frective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ment's effective date on the Department of State's records.
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	Bui Kolosh
	Signature of a member or authorized representative of a member
	Typed or printed name of signee