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TO: Registration Section Division of Corporations	
SUBJECT: <u>Certified-S</u>	wiss LLC
	ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter t	to the following:
Mark f	tgostinelli Name of Person
Certif	Firm/Company
12285 Nh	J 815+ S+
Parklan	
Mark 2 (E-mail address: (1	City/State and Zip Code Ctfffed - SW155, Com to be used for future annual report notification)
For further information concerning this matter, please ca	all:
Mark Agostinelli Name of Person	at (954) 355-8137 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\square\$1 \\$25.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy Certificate of Status & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

Certified - Swiss LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		• •	Enter new mailing address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	Principal office address MUST BE A STREET ADDRESS) ——————————————————————————————————	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 I	BOX)		
•		Enter new principal offices address, if applicable:				
• •		Enter new principal offices address, if applicable:	Enter new mailing address, if applicable:			
		Enter new principal offices address, if applicable:				
• •		Enter new principal offices address, if applicable:				
Enter new principal offices address, if applicable:	nter new principal offices address, if applicable:		(Principal office address MUST BE A STREE)	T ADDRESS)		
		The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"	Enter new principal offices address, if applica	able:		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C" or the abbreviation "L.I	te new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."		The new name must be distinguishable and contain the wo	ords "Limited Liability Company. The o	lesignation "LLC" or the abbreviation "	T.I.C.
A. If amending name, enter the new name of the limited liability company here:	. If amending name, enter the new name of the limited liability company here:		tims amendment is submitted to amend the folio	owing:		
		This uncludition is submitted to amend the following.	This amendment is submitted to amend the follo	wing.		
		This amendment is submitted to amend the following:	Florida document number La 1000 30			
Florida document number <u>L21000301391</u> . This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability company here</u> :	This amendment is submitted to amend the following:	·	$m \rightarrow 1 \rightarrow $	<u>//391</u>	-	

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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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.

MGR = Ma $AMBR = Au$	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address 1 007 -9 PH 12: 47	Type of Acti
AMBR	Dominic Antonucc	i 215 N New River D	T, E⊒Add
		Apt 1110	ZRemove
		Fort Landerdale F13	3501 OChange
AMBR	Christopher Distefa	no 215 N New River Dr. E	_ □Add
		Ap+ 1110	TRemove
		Fort landerdale PL333	<u>⊅</u> ⊡Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			⊡Add
			□ Remove
			∭Change

or removed from our records:

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Purpose of amendment is to Change the
point ownership of the LLC over to
Mark Agostinelli (100%), removing
Dominic Antonucci and Christopher
Distetano as AMBR's. Please direct
any questions to Mark Agustinelli, Phone
954-355-8137.
13-1-333 0.31.
E. Effective date, if other than the date of filing:
If the record 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 record is filed.
Dated September 27th 2021 May Gallie
Signature of a member or authorized representative of a member Mark Agostine U Typed or printed name of signee