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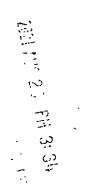
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COVER LETTER

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SUBJEC		AIRDO LLC		
SUBJEA	v1:	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		SUSAN MARIE STEWA	RD	
			Name of Person	
		SUZYQ HAIRDO LEC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		4955 COQUINA CROSSI	ING	
			Address	
		ELKTON, FLORIDA 320	333	
			City/State and Zip Code	
		queuesuzy@comcast.net	to be used for future annual report no	titication)
For furth	er information c	oncerning this matter, please c	·	
SUSAN	MARIE STEW.	ARD	904 540-3985	
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$2 5.	00 Filing Fec	☐ \$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 Addres Registration S	Section	Street Address: Registration So	
	Division of C	orporations	Division of Co	proprations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

SUZYO HAIRDO LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 1, 2021 and assigned Florida document number L1000304571 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 "LLC." 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: SUSAN MARIE STEWARD Name of New Registered Agent: New Registered Office Address:

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.

City

Enter Florida street address

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	SUSAN MARIE STEWARD	4955 Coquina Crossing Drive, Elkton, FL 32033	■Add
			□Remove
			□Change
			□Add
			Remove
			🗆 Change
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effective date is <u>e:</u> If the date	other than the listed, the date mus inserted in this blo ive date on the Do	t be specific and ea ock does not me	annot be prior to et the applicab	date of filing or n le statutory filin	nore than 90 day ig requiremen	(optional) is after filing.) I ts, this date w	Pursuant to 605.0 ill not be listed
	a delayed effectiv	e date, but not ar	i effective time	e, at 12:01 a.m.	on the earlier	of: (b) The	90th day after t
cord specifies a s filed.							
cord specifies as filed. August 241	h		2021				
s filed.	h lss Is	Lasio.	2021 Har	TTAS			
s filed.	usens	Signature of a me	Atei	THE Tred representative	of a member		

Filing Fee: \$25.00