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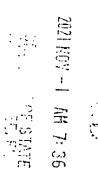
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A. BUTLER NOV 1 2 2021

COVER LETTER

TO: Registration Se Division of Cor			
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SUBJECT:S	wens UC		÷
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Cloux	FUGENC HOODS Name of Person	
	S	rens UL	
		Firm/Company	
	8389	SE waadest-Pl	
	Hobe ?	Jourd F1, 33455	<u> </u>
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifie	Cul. Com
For further information c	oncerning this matter, please ca	all:	
Cloude	HOODS	at (772) <u>285-</u>	1830
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
	☐ \$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		Street Address: Registration Sec	tion
Registration : Division of C		Division of Corp	
P.O. Box 632		The Centre of Ta	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Svens u	C 0501 HOM 7: 36
(Name of the Limited Liability Compa (A Florida Limited)	Any as it now appears on our records 11 HOV AH 7: 36 Liability Company)
The Articles of Organization for this Limited Liability Company	FEORLA LOPISTATE
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document number <u>121000309313</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C" 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 registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Period and Office Address.	
New Registered Office Address:	Føter Florida street address
	Florido
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this capacity. I jurther agree to comply with the performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent as t	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	Sverija werth	8389 SE WOODLUEST PI	□ Add
		Hobe Sound, 71, 33USS	XRemove persol U
		Q	02 wewperof n
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(If an effective date is Note: If the date	f other than the date s listed, the date must be sp inserted in this block do tive date on the Departn	ecitic and cannot be poes not meet the app	rior to date of filing or plicable statutory fili		ifter filing.) Pursua	
he record specifies ord is filed.	a delayed effective date	, but not an effectiv	re time, at 12:01 a.m	. on the earlier of	(b) The 90th (day after the
Dated	(Get	ture of a member or a	uthorized representativ	e of a member	Neuja Svenja	Works
		,	,		V	