Division of Corporations
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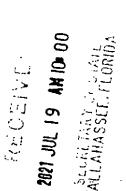
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Corporate Filing Menu

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COVER LETTER

TO:		istration Section islon of Corpo							
		ΛΗΑΑ, LLC							
SUBJE	CT:		Name of Limited	i Liability Company					
The enc	closed	I Articles of Ar	nendment and fee(s) are submit	tted for filing.					
			ence concerning this matter to						
			Andrew R. Comiter, Esq.						
			-,,,	Nume of Person					
			Comiter, Singer, Baseman &	Braun, LLP					
				Firm/Company					
			3825 PGA Blvd., Suite 701						
				Address					
			Palm Brach Gardens, FL 33-	410					
				City/State and Zip Code					
			corporate@comitersinger.com	n be used for future annual report notification)					
For fu	rther		ncerning this matter, please cal						
Andrew R. Comiter		. Comiter		561 626-2101 at ()					
		Name of	Person	at () Area Code Daytime Telephone Number					
Enclo	sed is	s a check for th	e following amount:						
		Filing Fee	_	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					
	<u>»</u>	Iniling Addres	<u>si</u> Section	Street Address: Registration Section					
	Ľ	Division of C	orporations	Division of Corporations The Centre of Tallahassee					
	F	P.O. Box 632	.7	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AHAA, LLC		
(Name of the Limited Lis	ability Company as it now appears on our records.) orida Limited Liability Company)	긜
The Articles of Organization for this Limited Liability Florida document number <u>L21000315350</u>		SECRETARY VISADIK OF C 21 SSIUL 19
This amendment is submitted to amend the following	g:	er or
A. If amending name, enter the new name of the	limited liability company here:	STAI STAI
AHAAA, LLC	"the decimation "I I C" or	the abbreviation "L.L.C."
AHAAA, LLC The new name must be distinguishable and contain the words.	"Limited Liability Company. the designation trace of	(n
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	x)	
Mulling dates in 1 mail 22	···	
B. If amending the registered agent and/or regis	stered office address on our records, <u>enter the</u> <u>ere</u> :	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	
-	City	Zip 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.

Ha1000275025 3

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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□ Add
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Effective date, if a (if an effective date is Note; If the date is document's effective	listed, the date must neerted in this blo	he specific an ick does not	meet the appl	icame statutor	g or more than y filing requir	(option) 90 days after fill ements, this d	ing) Pursuant t	a 6 05.0 e Jisted	1207 d as
he record specifics a ord is filed.	delayed effective	date, but no	ot an effective	time, at 12:01	a.m. on the e	arlier of: (b)	The 90th day	after i	the
Dated July 19	1 1 01	0	2021	··					
	L V //VI	<i>Y</i>	~						
	mh/le	Signature of t	a member of au	thorized represe	entative of a me	mber	<u> </u>	_	