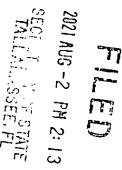
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COVER LETTER

SUBJECT: AEGINA LLC				
SUBJECT:				
Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Jeffrey W. Roberts Name of Person Roberts Attorneys, P.A. Firm/Company				
Roberts Attorneys, P.A. Stim/Company Stim/Company Address JUNO Beach FL 33408 City/State and Zip Code Teffe Roberts Attorneys, com E-mail address: to be used for future annual report notification) For further information concerning this matter, please call:	21			
Juno Beach FL 33408 E.	77 AUG -2			
Jeffe Roberts Attorneys, com	E M			
For further information concerning this matter, please call:	≥ O			
Jeffrey W. Roberts 11, 561, 603-5324	ل			
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
Certificate of Status Certified Copy Certificate of radditional copy is enclosed: Certified Copy	\$60.00 Filing Fee. Certif cate of Status & Certif ed Copy (additional copy is enclosed)			

Mailing Address:

TO:

Registration Section

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

	•
AEGINA	LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 21000334167</u>	were filed on July 22, 2021 and assigned
his amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u> $A = G = A + A + A + A + A + A + A + A + A + A$	· · · · · · · · · · · · · · · · · · ·
he new name must be distinguishable and contain the words "Limited Liabil	fity Company," the designation "LLC" or the abbrectation "L.L.C."
nter new principal offices address, if applicable:	N/A 5 5 T
Principal office address MUST BE A STREET ADDRESS)	7 7 7
A Enter new mailing address, if applicable:	MA PROPERTY.
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the name of the new registe
Name of New Registered Agent:	<u>N/r</u>
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.

Cinv

If Changing Registered Agent, Signature of New Registered Agent

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

Title Name		Address	Type of Action			
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