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(Re	questor's Name	₽)
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Pho	one #)
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COVER LETTER

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 OCT 12 PH 1: 08

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

(Name of the Limite	ed Liability Company as it now appears on o (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Li Florida document number <u>しるいのさい</u>	ability Company were filed on $\underline{ \bigcirc \mathcal{B}}$	1
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or r agent and/or the new registered office addres		ls, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	(F. 151 c)	H
	Enter Florida su	
	City	, Florida 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.

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 21 007 12 PH 1: 08	Type of Action	
4mBR	Donne Scheldore	12166 Sussing St	□Add	
		13166 Sussin St Fort Maris to 3390	<u></u> □Remove	
			\(\sum_\)Change	
			🗆 Add	
			🗆 Remove	
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ii aillenu	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	21 OCT 12 PH 1: 08
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lf an effecti <u>Note:</u> If t	date, if other than the date of filing:
e record sp rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Detober 8 , 2021.
	Signature of a member or authorized representative of a member
	Donnes Scholder