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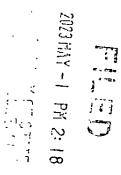
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Y. SCOTT
JUN 1 8 2023

COVER LETTER

TO: Registration Sec Division of Com				•	
	DELINES SET	amless Eu	HERS L	LC	
r p	Name of Lim	nited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	K, YAN	B. LAPPHE Name of Person			
	SINELINE	SEAM/ESS Firm/Company	Culters, 2	<u>ll</u>	
	96200	Rothy Ave			
	HASTIN	Address 65 FL City/State and Zip Code	33145		2023
	LAPPKE E-mail address; (-33 @GMAI	L_COM report notification)	,	2023 FAY -
For further information co	oncerning this matter, please c		· · · · · · · · · · · · · · · · · · ·		
KIYAN B.		at (<u>386)</u> Area Code	864-5	550 0	
Name of	Person	Area Code	Daytime Teleph	one Number	
Enclosed is a check for the	c following amount:				
₹25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee Certified Copy (additional copy is en		\$60,00 Filing Certificate of Certified Cop (additional copy	Status &
Mailing Address	<u>:</u>	Street A	ddress:		

Registration Section
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

SIDELINES S	EAMLESS GUHERS.	Lic
	ty Company as it now appears on our records Limited Liability Company)	
The Articles of Organization for this Limited Liability Conference Lalument number Lalumo349031	ompany were filed on 8/03/303	and assigned
. ans amenament is submitted to amend the following:		
A. If amending name, enter the new name of the limit OASHAL COLD The new name must be distinguishable and contain the words "Limit name of the limit of the new name must be distinguishable and contain the words "Limit name of the limit of the new name of the limit of the limit of the new name of the limit of the limit of the new name of the limit of the	TERS, LIC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2,023 ;
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter t	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	rida
	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.

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Remove
			□Change
		. 202. 1	Add
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			□Remove
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