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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	UMAN EMPO	wer nent, LLC ed Liability Company	
	Amendment and fee(s) are subm		2023 HAR I
Please return all correspo	ndence concerning this matter t	o the following:	$\mathbb{S}_{\mathbb{R}}^{+}$ \mathbb{G}
	<u>Karei</u> Homan	Name of Person	97 STATE 119
	- Morriagn	Firm/Company	<u> </u>
	203 N-9	Sweet Neter (Cove Blvd
	Long m	od, fr 32	779
	Karen E-mail address: (1	City/State and Zip Code CNGS O C + G o be used for future annual reportmotifi	NOO LOM cation)
For further information e	oncerning this matter, please ca	ill:	
Karon Name o	CMQSe (Person	at (<u>H07</u> <u>7186)</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	se following amount:		
\$25.00 Filing Fee	\$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 Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Secondivision of Corporate Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	DOWNMENT LL dy as it now appears on our records.	C
(A Florida Limited I The Articles of Organization for this Limited Liability Company Florida document number <u>レストンの3492</u> 9	were filed on AVA 3, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1033 Louisian	Le Ave.
(Principal office address MUST BE A STREET ADDRESS)	Winter Park, f	-L 32789
Enter new mailing address, if applicable: (Mailing address MAY BE <u>A POST OFFICE BOX)</u>	203 N. Swacty BWD Lingwood, F	<u>vater (ove</u> L 32779
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	- "
	. Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I a provided for in Chapter 605, F.S. (im familiar with and Or, if this document is climited-liability
		Elia E

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
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