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SECRETARY OF STATE
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COVER LETTER

TO: Registration Sec Division of Corp		,	
SUBJECT:	My Pensus	ited Liability Company	es LLC
3000EC1	Name of Lim	ited Liability Company	-
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Thans;	Soldbus Es Name of Person	5
		Firm/Company	202 SEC
	101 NW	3 Auc #110 Address	ALENANO VERVENO SEE SOUR 1
		City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	-9 PM 3: 16
For further information co	ncerning this matter, please c	all:	
Mame of	Saldburg Person	at (<u>754</u>) <u>224</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	e 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)
<u>Mailing Address</u> Registration S		Street Address: Registration Sec	ction
Division of Co		Division of Cor	
P.O. Box 6327		The Centre of T	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on	Asus 4 2021 and assigned
Florida document number <u>L2/000351015</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	ere:
he new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	22 9
	DEE ST
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	in o
3. If amending the registered agent and/or registered office address on our	records, <u>enter the name of the new regi</u>
gent and/or the new registered office address here:	

New Registered Agent's Signature, if changing Registered Agent:

: 1

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGK	TRISH SATIN	101 NE 3 AVE 4110 FT LAD, FL 23301	□Add
		FT 140, FL 33301	Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
		SECRETARY O	T
		HARY OF STATE	□Add
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ecord specifies a is filed.	delayed effect	tive date, but i	not an effec	tive time, at	12:01 a.m. o	n the earlier	of: (b) T	ne 90th	day after th
ted A	5055	4	. 20	021					
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		Signature of	a member o	r authorized i	epresentative (of a member			