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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
<u>.</u>			

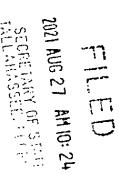




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COVER LETTER

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Mailing Address:
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

FILED

2021 AUG 27 AM 10: 24

t now appears on our recy Company) 08/05/2021 filed on	ords.AECAHASSEE.F
	and assigned
ompany here:	
npany," the designation "I	JLC" or the abbreviation "L.L.C."
ss on our records, <u>en</u>	ter the name of the new registe
Enter Florida street add	lress
	Florida
ity	Zip Code
	ss on our records, <u>en</u>

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
MGR	Dabelba byavez	62 Cliffside DR Yonkers, N.	1. /67/0 ØAdd
			Remove
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. II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	tive date, if other than the date of filing:
he recor ord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	08-19-2021
	Scare Feeler and
	Signature of a member or authorized representative of a member
	Mahalha Tovarez
	Typed or printed name of signee