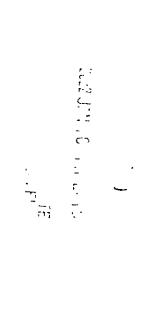
L21000353918

(Requestor's Name)				
(Address)				
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(Document Number)				
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A. BUTLER JAN 19 2022

COVER LETTER

TO: Registration Secondivision of Corp			
SUBJECT:		Squed Liability Company	<u>es</u>
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Jarvous	M. Chambers Name of Person	
	JJJJI	S 940 Sales Firm/Company	
		St Ave Address	
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	all:	
-Sq1Was M Name of	, Chambers Person	at (7.86) ZOZ- Area Code Daytime	3575 Telephone Number
Enclosed is a check for the	following amount:		
☑ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

(Name of the Logited Link)	lity Company as it now appears on our records.)
(A Florid	da Limited Liability Company)
The Articles of Organization for this Limited Liability (Company were filed on
Florida document number_ L21000353918	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
<u></u>	nere.
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enton nous modifies address if and in-Lie	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
Muning address MAT DE ATOST OFFICE BOA)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
 -	, Florida
	GP COW

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	Type of Action
MGR	JARYOUS M. CHAMBERS	20101 NW 315+ Are Mani Gide	Add Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	
e record 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 d is filed.	he
Dated	
Jarvis M. Chambers Typed or printed name of signee	