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COVER LETTER

	Registration Secti Division of Corpo			100
SUBJEC	r: <u>Ze</u> 6	2 Officia Name of Limit	ted Liability Company	<u> </u>
The enclo	sed Articles of An	nendment and fee(s) are sub-	nitted for filing.	
Please ret	urn all correspond	ence concerning this matter t	to the following:	
		John	Name of Person	
			Pirm/Company	
		18640	NW Zuch	<u> Ave 111 675/21</u>
		Mian	City/State and Zip Code	
		Zeeoffici E-mail address: (all (D) 9mail Corn	tification)
For furth	er information con	cerning this matter, please ca	all:	
	Joha Name of I	Neptune	at (F) 16 Tea Code Davis	me Telephone Number
	Name of F	erson	Area code Day.	
Enclosed	is a check for the	following amount:		
	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Contified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Companion (A Florida Limited Liability Companion)	TAC CCC y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company w	vere filed on 8 / / 2 / 207-/ and assigned
Florida document number $\frac{27000362003}{}$.	/ /
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviation "LT-C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	S. S.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	the state of the many positions of
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
agent into or the new regions of	
Name of New Registered Agent:	
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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Idia Neptune	PO Box 695121	[Z/Add
		PO Box 695121 Miami, FL 33269	□Remove
			Change
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ted_	08/23/21 Signature of a member or authorized representative of a member	
	The second	
	Signature of a member or authorized representative of a member	_

Filing Fee: \$25.00