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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Cloud 8 Bas	Name of Limited Liability Company	
The enclosed Articles of Amendment and t	fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Posed is a check for the following amount:  Name of Limited Liability Company  Person  Firm/Company  Firm/Company  Address  Address		
-	Firm/Company	
9364	W 171 H Terr	occ
Palmet	40 Bay 12 331	57
Claral	ove leigh@amail.	ort notification)
For further information concerning this ma	itter, please call:	
		Daytime Telephone Number
Enclosed is a check for the following amou	unt:	
\	ng Fee & S55.00 Filing Fee &	s60.00 Filing Fee, Certificate of Status & Certified Copy (additional conv 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

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(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our records.) Ed Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Compar Florida document number 12100363751.	ny were filed on Axy 12, 2021 and	Pont, FL Lassigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia  APE WOHLUC  The new name must be distinguishable and contain the words "Limited Lia		n "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<del></del>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ee address on our records, enter the name of the	new registered
Name of New Registered Agent:	<del>-</del>	<u></u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Zij) C	DUSC

### 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>	Name	Address	Type of Action
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effective da	ite is listed, the date	must be specific a	and cannot be pr	rior to date of fili	ng or more than 9	0 days after filing	.) Pursuant to 605.0	0207
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