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SECRETARY OF STATE SECRETARY OF CORPORATION

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COVER LETTER

	egistration Sec vision of Corp				
oun if of	EVELYN AI	LICEA, LLC			
SUBJECT	: <u></u>		ted Liability Company		
The enclose	ed Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please retur	n all correspon	dence concerning this matter t	o the following:		
		MARTHA E ALICEA			
			Name of Person		
			Firm/Company		•
		1935 HEWETT LANE			
			Address		
		MAITLAND, FL 32751			
			City/State and Zip Code		
		EVELYNALICEASELLS@	GMAIL.COM		
		E-mail address: (to	o be used for future annual re	port notification)	
For further	information co	ncerning this matter, please ca	II:		
EVELYN /			407 340-5		
	Name of	Person	Area Code	Daytime Telephor	ne Number
Enclosed is	a check for the	following amount:			
■ \$25.00	Filing Fec	□ \$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)

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 Tallahanna El 22202

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<mark>ability Company as it now appears on ou</mark> orida Limit e d Liability Company)	r records.)
ty Company were filed on 08/18/202	and assigned
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limited liability company here:	
'Limited Liability Company," the designation	on <u>"</u> LLC" or the abbreviation "L.L.C."
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ered office address on our records	, enter the name of the new registe
<u>re</u> :	
Enter Florida stree	et address
	ro
City	, Florida Zip Code
	y Company were filed on 08/18/202 Similar liability company here: Limited Liability Company," the designation DDRESS) ered office address on our records Enter Florida street

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 Changing Registered Agent, Signature of New Registered Agent

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
			□ Add
			□Remove
			□ Change
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			□ Remove
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			□ Add

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Signature of a member or authorized representative of a member	Alkin	7	`			