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dr. L. P

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Baddiol Name of Lim	ited I ability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jhordyn F	Name of Person	
	Baddio	JFirm/Company	
	2221 N	N 189th Ter Address	
	Miami Fai	CINS 33054	o, Florida
	the hb collection E-mail address: (1)	Onn & CMOIL, COP	fication)
For further information c	oncerning this matter, please ca	all:	
Jhordyn Name o	1 Person	at (<u>954</u>) <u>734</u> — Area Code Daytim	34.79 e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 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 Limited Liability Company as it now appears on our records.) (A Fibrida Limited Liability Company)	
(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on AUGUST 19, 20 Florida document number <u>L21000373012</u> .	21 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	-
B. If amending the registered agent and/or registered office address on our records, enter the name agent and/or the new registered office address here:	me of the new registered
Name of New Registered Agent:	j
New Registered Office Address:	- ".
Enter Florida street address	P
, Florida	ယ
Cuy	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jhordyn Payton	Address 2221 NW 189th Ter, Mian Florida, 33056	II GICIKAENS DAGd
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(If an off Note:	ive date, if other than the date of filing:
he recor	d 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 led.
Dated	August 31st 2021 Signature of a member or authorized representative of a member
	Thorden Payton