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2022 HAR -8 AM 9: 20 SECREPTON OF STATE

9: 20 STATE 5. FL

00 -1 1- --

COVER LETTER

Division of Corpor	rations		
SUBJECT:	Name of Limit	ed Liability Company	
	Walle of Links	ica maning sompany	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	lauren	Sutter Ledhas	<u> </u>
	UTA	restretic Self	
	1410	51 St Ave NE	
		DUK FL 33703 City State and Zip Code	
-		CityState and Zip Code CityState and Zip Code be used for future annual report no	
for further information conc	erning this matter, please ca	11:	
		at (<u>127</u>) <u>502-</u> Area Code Daytii	7357 me Telephone Number
inclosed is a check for the f	ollowing amount:		
☐ \$25,00 Filing Fee	□ \$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)

TO:

Registration Section

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

FILED

LTS APLN	160	2022 MAR -8 AM 9: 20
(Name of the Limited Liab (A Flor	ility Company as it now appears ida Limited Liability Company)	On our records. ONE TO AM 9: 20 TALLAHASSEE, FL
The Articles of Organization for this Limited Liability	Company were filed on <u></u>	1 14- 202 and assigned
Florida document number <u>L21000/t01451</u>	<u>o</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company her	<u>re</u> :
The new name must be distinguishable and contain the words "I.	imited Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		cords, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floria	da strevi address
	City	, Florida 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>	<u>Address</u>	Type of Action
			□Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□∧dd
			□Remove
			□Change
		·	□Remove
			□Change

(if an ef Note:	ive date, if other than the date of filing:
f the reco	rd 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.
record is f	Marin 3 2022