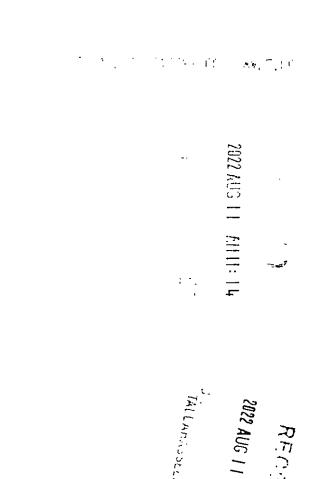
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C 8/11/2022

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: <u>EDÎ</u>	CATELA ALE,	YANDRE 220 ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ndence concerning this matter t	o the following:		
	EDICARIA	ALEXANDRE [Name of Person	Boistolie	
	EDICARIA	ALEXANDAE Firm/Company	266	
	25 MARIA	VA COVE DI Address	7	
NICEVILLE-		- FL 32578 City/State and Zip Code		
	EDICAR LA @ E-mail address: (t	be used for future annual report noti	fication)	
For further information c	oncerning this matter, please ca	di:		
EDICARIA Name o	Bois Jolie f Person	at (<u>850</u>) <u>293</u> Area Code Daytim	- 1293 e Telephone Number	
Enclosed is a check for t	he following amount:			
 ★ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	etion	
Division of C		Division of Co	rporations	
P.O. Box 631		The Centre of		
Tallahassee,	FL 32314	2410 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Harris Marie Alarma	- 117	2022 AUG 1 1	AH 11: 14
EDICARIA ALEXANDITE (Name of the Limited Liability Comps (A Florida Limited)	iny as it now appears on our re Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company	were filed on10/05	/2021 and a	ssigned
Florida document number <u>L 210004364</u> 9_	5		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
EDICARCH BOISTOLIE LA The new name must be distinguishable and contain the words "Limited Liable	<u>/ </u>	ol I C'' the abbreviation	116"
The new name must be distinguishable and contain the words "Limited Liab			
Enter new principal offices address, if applicable:	25 MARI	NAVR	
(Principal office address MUST BE A STREET ADDRESS)	NICEVILL	E, FL	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	-		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, e	nter the name of the v	ew registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street a	ıddress	
		Florida	
	City	_, Florida Zip Cod	le·

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

Title	Name	Address	Type of Action
	-		
			□Remove
			[☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change
			□Add
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	•		□Change
			□ Add
			□Remove

Effective date, if other than the date of filing: If an effective date is listed, the date mass be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03. Nate: If the date inserted in this black does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to dis filed. Dated AUG. 11., 2022							·—
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Signature of a perior a striorized representative of a member	Dated <u>AV</u>	511,2020 Suy	2 Instance of (position)	STolia or authorized represen	ntative of a member		

Filing Fee: \$25.00