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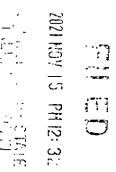
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A. BUTLER
DEC - 5 2021

COVER LETTER

TO: Registration S Division of Co			•
A	VALLER LLC		•
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ZIELONKO, KAROLINA		
		Name of Person	
	CAREA WALLER LLC		
		Firm/Company	
	5146 NORTHRIDGE RD	UNIT 106	
		Address	
	SARASOTA, FL 34238		
	karolina.zielonko@gmail.cc E-mail address: (City/State and Zip Code om to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
ADAM SLOMSKI		229 999 8877	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the following 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)
	Section Corporations	Street Address: Registration Se Division of Cor	rporations
P.O. Box 63	327	The Centre of T	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FUED

CARLA	WALLER	LLC

ER LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were tiled on 10/07.	/2021	、元月) and assigned
Florida document number 1.21000439667	_·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here	:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company " the design	unation "H. I. C" or the al	phreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	1200		
Enter new mailing address, if applicable:	w		
(Mailing address MAY BE A POST OFFICE BOX)			····
		11-11-11-11	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our reco		
New Registered Office Address:	Enter Florida	street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my ent as provided for in Cha	aduties, and Lam jupter 605, F.S. Or,	familiar with and if this document is

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	<u>Address</u>	Type of Action
AMBR	ZIELONKO, KAROLINA	5146 NORTHRIDGE RD	□ Add
		SARASOTA, FL 34238	
			■ Change
			□Add
			□Remove
			□Change
			□Add
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		Change	
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		Петоve	
			□Change

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Signature of a member or authorized representative of a member		
Karolina Zielonko		Signature of a member of authorized representative of a member
		Karolina Zielonko

To whom it may concern,

The current title of Karolina Zielonko is incorrect. We are sending this document to change it from MRS to AMBR.

Please call Adam Slomski, 229 999 8877 if you have any questions.

Karolina Zielonko

owner of CarlaWaller LLC

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