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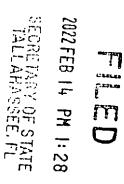
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PICK-UP	☐ WAIT	MAIL.
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A. BUTLER FEB 2 5 2022

COVER LETTER

	gistration Section vision of Corpor	mélomo -		<i>i , :-</i>
SUBJECT:		Name of Limited	CMMe-Ce L	<u>. L.C.</u>
The enclose	d Articles of Am	endment and fee(s) are submitt	ed for filing.	
Please retur	n all corresponde	ence concerning this matter to the	he following:	
		Christopher	A Gucci	<u> </u>
		Cruccio 1	A GUCCIO Name of Person Commerce LL	
		23029 1	Firm/Company Pewiff Drice Address	
		Brook SU	ille FL 34	1601
	-	Chris a	ity/State and Zip Code 9	o.com
For further	information conc	erning this matter, please call:		
Chn	S/G/he-	A Levecco	at (718) 404-6 Area Code Davtime Teleph	963
	. Tune of te		The code Surfame receptor	one : anne
Enclosed is	a check for the fo	ollowing amount:		
<u>i</u> \$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)

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

(Name of the Limited Liability Companied Liability Companied Limited Liability Company) The Articles of Organization for this Limited Liability Company Florida document number 45278	were filed on 15 TATE and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	5159 Fost South Crossing Court Inverness FL 34452
Enter new mailing address, if applicable:	5159 East Sater
(Mailing address MAY BE A POST OFFICE BOX)	Crossing Cart Inverses FC 3445)
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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 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>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
		<u> </u>	□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
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effective (ate is listed, the date inserted i	n this block does	itic and cannot be p	prior to date of tiling plicable statutory rds.	g or more than 90 filing requiren	(optional) days after filing.) in the ments, this date we will be a considered.	Pursuant to 605.0
ord spec filed.	fies a delayed	effective date, b	out not an effectiv	ve time, at 12:01	a.m. on the ear	lier of: (b) The	90th day after
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