Florida Department of State Division of Corporations

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K. Brumbley

TO:

COVER LETTER

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	Registration So Division of Cor			
SI TR TRC	ARVII, LI	LC		
SODJEC	···		nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please ret	um all correspo	undence concerning this matter	to the following:	
		Daniella santana		
			Name of Person	
		SALVER & COOK LLP		
			Firm/Company	
		2721 EXECUTIVE PARK	DR STE 4	
			Address	
		WESTON, FL 33331		
		D.SANTANA@PSCCPAS	City/State and Zip Code	
		=	to be used for future annual report not	ification)
For furthe	r information c	oncerning this matter, please c	all:	
DANIELI	LA SANTANA		954 3891333 at ()	
	Name of	f Person	Area Codo Daytin	ne Telephone Number
Enclosed i	is a check for th	ne following amount:		
■ \$25.0°	0 Filing Pee	□ \$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)
R D	<u>Mailing Address</u> Registration S Division of C	Section orporations	Street Address: Registration Se Division of Co	rporations
	O. Box 632 allahassee, F		The Centre of T 2415 N. Monro Tallahassee, FL	e Street, Suite 810

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Com	many were filed on 10/15/2021	and assigned
	ipany were fried on	and assigned
lorida document number L21000452967		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
he 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 ADDRES	55)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		21
B. If amending the registered agent and/or registered of	ffice address on our records, enter the	name of the new registe
		:- (11)
gent and/or the new registered office uddress here:		· ' [[-]
gent and/or the new registered office address here:		. 8
gent and/or the new registered office address here:		24
Name of New Registered Agent:		·. N
gent and/or the new registered office address here:	Enter Florida street address	24 PH
Name of New Registered Agent:	Enter Florida street address Florid	24 PH 3: 0:

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	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□Add
			□Remove
			□ Change
			DAdd
			□Rcmove
			□ Change
		<u> </u>	□Add
			□Remove
			Change
			□Add
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			□ Change
			□Add
			□Remove
			□Change

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AGENCY.	