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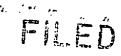
A. BUTLER MAR 16 2022

COVER LETTER

TO: Registration Se Division of Cor				
100	e Creations			
SUBJECT:		ted Liability Company		
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ndence concerning this matter t	o the following:		
/	LaQuash	a Cella	∕s	
	Lee C	Coster		
		Firm/Company		
	1225 NX	= 1sti ae	$\overline{\mathcal{D}}$	
		Address	_	
	Fort lac	edroale fl	33504	
		City/State and Zip Code		
	E-mail address: (to	be used for future annual report notifi	ication)	
For further information of	oncerning this matter, please ca	·		
tot tardici intornianon co	oncerning this matter, picase ca	11.		
		at ()		
Name of	l Person		Telephone Number	
Enclosed is a check for th	ne 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)	
Mailing Addres		Street Address:		
Registration Section		Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, F			Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 MAR -7 PM 1:46 lability Company as it now appears on our records.) HE IARY OF STATE TALLAHABBE The Articles of Organization for this Limited Liability Company were filed on 10 Florida document number k This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cin 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
MAR	La Quarria	Williams 1225	15th	ave D	_ DAGU
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(If an et Note:	tive date, if other than the date of filing:
he 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 iled.
Dated	March 15t 22
	\sim

Filing Fee: \$25.00

Typed or printed name of signee