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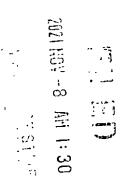
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COVER LETTER

Division of C			
SUBJECT:	Rose Hary	Squadrito N	_C
	Name of Lim	ited I fability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
	pondence concerning this matter		
Trease rottin an corres	pendence concerning this matter	w the following.	
	Augusta	Phylando Name of Person	
	Buk T	ak Fwc Firm/Company	
		South State	Rd 7
		Address	.
	West	Park H 3 City/State and Zin Code	3023
	Gugustapa E-mail address: (Park H 3 City/State and Zip Code GTAccounting to be used for future annual report	otification)
For further information	concerning this matter, please ca	all;	
AugustA Name	Philando e of Person		7407 ime Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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)
<u>Mailing Addi</u> Registration		Street Address: Registration S	Section
	Corporations	Division of C	
P.O. Box 6.		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number <u>L21 000 458 494</u> 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 "L.I.,C." 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

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 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>	Address	Type of Action
Pres	Rose Mary Squadreto	17684 SW 474 St	□Add
	•	17684 SW 474 St MIRamer 71 38027	□Remove
AMBR			_
			□Add
			🗆 Remove
			□Change
MGR	Augusto Squadrito	17684 Sw 474 St	□ Add
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i effective date i te: If the date	s listed, the date mu inserted in this b	ist be specific and block does not m	cannot be prior to eet the applical	o date of filing o ble-statutory fi	r more than 90 o ling requirem	days after filing.)	Pursuant to 605.0	020°
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cord specifies	a delayed effecti	ve date, but not a	an effective tin	ne, at 12:01 a.r	n, on the earli	er of: (b) The	2 90th day after	the
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		Signature of a n	nember or author	ized representat	ive of a membe	:r		
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