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COVER LETTER

Division of Co			
SUBJECT: COLO	undrea Eupho	ria UC	₹** · · · · · · · · · · · · · · · · · ·
·	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Sandraidan	Name of Person	
		Firm/Company	
	1033 S Hiaw	USSer Rel API 2611	
	Orlando, FC	, 32835	
	Sandrachanielle E-mail address:	City/State and Zip Code G196 CMCL COM (to be used or future annual report not	ification)
For further information of	concerning this matter, please o		·
Cancirca Do	n; el	at (<u>386</u>) <u>&4 33</u> Area Code Daytin	4-300 c/ ne Telephone Number
Enclosed is a check for the	he following amount:	1	
☐ \$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 S	Section	Registration Se	
Division of C P.O. Box 632	orporations 7	Division of Cor The Centre of T	porations
- · · ·		THE CERTIS OF 1	attattassee

Țallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	O	r				
Culandrea Eupho (Name of the Limited Lie (A Flo	rice ((ability Compai orida Limited I	ny as it now ap	opears on our records.)			
The Articles of Organization for this Limited Liabilit	ty Company			უ21 _a	nd assio	ned
Florida document number (21000467)	691			``	120,11,5	,iiou
This amendment is submitted to amend the following	g:					
A. If amending name, enter the new name of the l	limited liabi	lity compan	y here:			
The new name must be distinguishable and contain the words "I	Limited Liabili	ty Company," t	he designation "LLC" or th	 ie abbreviat	ion "L.L.	<u>C."</u>
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET AD						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>					 _
				_		
B. If amending the registered agent and/or register	ered office ac	ldress on ou	r records, enter the n	ame of th	e new r	eoistere:
agent and/or the new registered office address here	<u>e</u> :		, <u></u>			<u>egisteret</u>
Name of New Registered Agent:						
			<u> </u>		 -	
New Registered Office Address:			Torida street address			
				a.	~	
		City	Florida	Zip (02 <u>-</u>	 _
New Registered Agent's Signature, if changing Registe				Zip (A04	
hereby accept the appointment as registered agenorovisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the register	l completc p 'agent as pr ered office a	erformance ovided for is	of my duties, and I ar n Chapter 605, E.S. (agree io c n familia	comply, r¥ith a	1.4,
company has been notified in writing of this change	ge.		y - may m mar mo	- -	<u>ო</u>),	

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Sandra Daniel	1033 S Hiawassee Rd A	2611 TVAdd
			□Remove
			□Change
			CIAdd
			□Renюve
			□Change
			□Add
			□Remove
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			□Add
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effectiv <u>te:</u> If th	re date is liste he date insc	ner than the ad, the date mus rted in this bl date on the D	t be specific ar ock does not	nd cannot be p meet the ap	plicable stat	filing or mon utory filing t	e than 90 d requireme	_ (option ays after fi ents, this c	ling.) Pursua	nt to 605.020 t be listed as
cord sp s filed.	ecifies a de	layed effectiv	e date, but no	ot an effecti	ve time, at 1	2:01 a.m. on	the earli	er of: (b)	The 90th	day after the
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