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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone #)
<u></u>	☐ WAIT	
(Bu	ısiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	J. HORNE	
l l	MAR - 3 2022	

Office Use Only



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COVER LETTER

10: Registration Se Division of Cor			
SUBJECT:	Exotic Name of Lin	AAC SCIES LI	C
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ndence concerning this matte	r to the following:	
		Name of Person ANO Sales Firm/Company	
	Pompo	Address Address City/State and Zip Code City/State and Zip Code	
For further information ec	incerning this matter, please o		incanon)
Name of	Person	at (<u>561)</u> <u>908'-</u> Area Code Daytim	1705 e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	
Mailing Address.	<u>.</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

(Same of the Limited Liab (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	NOOFEB.
The Articles of Organization for this Limited Liability Florida document number 1 3-1 000 45 4	Company were filed on 11-9-31	828 and assigned T
This amendment is submitted to amend the following:		ū
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I.	N-A	
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N-A	
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:	N - A-	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here agent and/or the new Registered Agent:		
New Registered Office Address:	Emer Florida street address	
_	Pomparo Box. Flor	ida <u>₹ 33060</u> 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>	Address	Type of Action
MGR	Christine Perry	2555 Abatass RÓN	ft.kdd
•		Unite	⊟Remove
		Octour Bin EL 3344	Change
MAR	Jessica Schindle	e Lavida Terrace	□Add
' ,j		Boca Raton, FL 3343	
			DChange
			□Add
			🖸 Remove
			🗆 Add
			□Remove
			□Change
			DAdd
			□Remove
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fan eff N <u>ote:</u>	ve date, if other than the date of filing:
recor d is til	I 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 ed.
Dated	1-26.
	Pale V
	Signature of a member or authorized representative of a member
	<u>~</u> .