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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration So Division of Cor	, ·		
emmert CALL	3CTIVES LLC	r	
SUBJECT: COEP	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	DANYELLE M	iusic LLC.	
		Name of Person	
		Firm/Company	
	500 NW 2ND	AVENUE UNIT IZO	0 06
		Address	
	MIAMI, FL 3	3101	
		City/State and Zip Code	
	E-mail address: (GHAIL COM to be used for future annual report notifical	tion)
For further information	concerning this matter, please c	all:	
Danielle H	CPNEYSON pf Person	at (<u>736</u>) <u>913 - 31</u> Area Code Daytime Te	06
Name	or rerson	Area Code Dayume Te	repnone sumper
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee √S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of C		Registration Section Division of Corporation	
P.O. Box 63.	•	The Centre of Tall	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con	noany as it now appears on our records.)	
(A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>しみ1000年9177み</u>	my were filed on 11 16 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	····
		 در .
		7-1
Enter new mailing address, if applicable:	CONSCHIVES	; ;
Mailing address MAY BE A POST OFFICE BOX)	P.O BOX 12005	•
	MIGHT FL 33101	_3
		15 25
3. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>enter the na</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's <u>Signature, if changing Registered Age</u>	•	7.47 C OUC

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
AMBR	Joshua Mesa	98 Kirtland Drive	⊠ Add
		Naples, FL 34110	□Remove
			□Change
			□Add
			□Remove
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effective di te: If the c	ate is listed, the fate inserted i	han the date date must be spe in this block do on the Departn	ecific and c ses not me	annot be pri et the appl	icable statu	tiling or m tory filin	ore than 90 g requiren	(option days after nents, this	filing.) l	Pursuant to ill not be	a 605.020 e listed a
cord speci s filed.	tīes a delayed	l effective date.	, but not a	n effective	time, at 12	(01 a.m. e	on the ear	lier of: (b) The	90th day	after the
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<u> </u>		Signa	une or a m	cities con the	mornegisch	Cacinative	or a mem	••			