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(Requestor's Name)				
	(Address)			
	(Address)			
	(Ĉity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer: J. HORNE				
	SEP 2 0 2022			

Office Use Only



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2022 SEP 20 W 8: 482022 SEP 20 AM 8: 5

ALLAHASSHE DALE MALLAHASSEETH TO

COVER LETTER

Division of Corpora	tions		
SUBJECT:	Name of Limit	ed Liability Company	<u></u>
The enclosed Articles of Amer	ndment and fee(s) are subm	nitted for filing.	
Please return all correspondence	ce concerning this matter to	the following:	
_	Krishi	Name of Person	
		Firm/Company	
_	725 W	7 5+ Address	
_		City/State and Zip Code SEATING (INV) be used for future annual report notific	34)4 excless
For further information concer	ning this matter, please cal	l:	
Kristi(u) Li Name of Perso	105	at (501) 484- Area Code Daytime T	U625 Felephone Number
Enclosed is a check for the following	owing amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

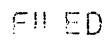
TO:

Registration Section

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

Street Address: 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



2022 SEP 20 AM 8: 50

(Name of the Limited Liability Comp	HON SCI C	SECRETARY DE STA CIALLAHASSEE, DE CO OUR records.)
The Articles of Organization for this Limited Liability Compan	y were filed on _ 1 1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the design	ation "LLC" or the abbreviation "L.L.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 agent and/or the new registered office address here:	e address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida si	treet address
		, Florida
	City	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 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>	Name	Address	Type of Action
Quiner	Kristian Was	725 L. 74	□ Add
		Riviera Beach H 33	404 DRemove
			\(\sqrt{Change}\)
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

			_ 	
~				
		. <u> </u>		

	-			
	- <u>-</u>			<u> </u>

If the record 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 record is filed.

Dated <u>Sept 20, 2032</u>,

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00