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| (Requestor's Name) |
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| (Address) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: |
| (City/State/Zip/Phone #) |
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| Special Instructions to Filing Officer: |
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Office Use Only



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T. MATTHEWS MAR 14 2022

COVER LETTER

| TO: Registration Se Division of Cor | | | |
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| SUBJECT: 7 4.) | Name of Limit | (WOS)).(| |
| SUBJECT: 1 6 1 | Name of Limi | ited Liability Chmpany | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | nitted for filing. | |
| Please return all correspo | ndence concerning this matter t | to the following: | |
| | Tal Mos | Name of Person | <u> </u> |
| | | Firm/Company | |
| | 5448 Mille | enia Lakes Blv | d Apt 7401 |
| | CPlands fl | Orda 32839 City State and Zip Code | |
| | | Somal com | ion) |
| For further information c | oncerning this matter, please ca | all: | |
| Tal Asa Name o | ration f Person | at (925 332 83) Area Code Daytime Te | Slephone Number |
| Enclosed is a check for th | ne following amount: | | |
| □ \$25.00 Filing Fee | Cortificate 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 Addres Registration S Division of C P.O. Box 632 | Section orporations | Street Address: Registration Section Division of Corpore The Centre of Tall | rations |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compar (A Florida Limited L | 22 11.6 - 3 P | ;; 3: 16 |
|---|--|---------------------------|
| (A Florida Limited L | iability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number 12100498913 | were filed on 11/19/2021 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "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 a agent and/or the new registered office address here: | address on our records, <u>enter the n</u> | ame of the new registered |
| • | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street 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

| Title | Name | Address | Type of Action |
|-------|------------------|--|----------------------------|
| MGP | ETAL Mashe Asara | of 5448 Millenia Lakes Blue Apt 7401, orland fl 328 | <u>/</u> 13[Add 53 9 |
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